

PREA Facility Audit Report: Final

Name of Facility: Loxley Community Based Facility and Community Work Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/02/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 04/02/2026

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	02/18/2026
End Date of On-Site Audit:	02/20/2026

FACILITY INFORMATION	
Facility name:	Loxley Community Based Facility and Community Work Center
Facility physical address:	14880 County Road 64, Loxley, Alabama - 36551
Facility mailing address:	

Primary Contact

Name:	Paul Demeree
Email Address:	paul.demeree@doc.alabama.gov
Telephone Number:	2513781143

Warden/Jail Administrator/Sheriff/Director	
Name:	Kayla Albritton
Email Address:	kayla.albritton@doc.alabama.gov
Telephone Number:	2519645044

Facility PREA Compliance Manager	
Name:	Paul Demeree
Email Address:	paul.demeree@doc.alabama.gov
Telephone Number:	(251) 378-1143

Facility Characteristics	
Designed facility capacity:	386
Current population of facility:	366
Average daily population for the past 12 months:	366
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	19-78
Facility security levels/inmate custody levels:	level 1/Work Release
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	36
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	45

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

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

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

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

1

- 115.67 - Agency protection against retaliation

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-02-18
2. End date of the onsite portion of the audit:	2026-02-20

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, the Auditor contacted multiple community-based advocacy and support organizations to evaluate the facility's compliance with PREA standards regarding access to external support, victim services, and forensic examination procedures for incarcerated individuals. These contacts provided context for verifying the facility's adherence to policies ensuring inmates can access confidential, professional, and trauma-informed services following any incident of sexual abuse or harassment.

Community-Based Advocacy and Support Services

Just Detention International (JDI)

As a national nonprofit organization dedicated to ending sexual abuse in detention, Just Detention International was contacted to confirm whether any inmates or facility staff had reached out during the prior year. A representative from JDI reported that no inquiries, complaints, or service requests were received from this facility within the past 12 months. This record indicates that no inmates sought external support or made contact with JDI during the most recent reporting period.

Alabama Coalition Against Rape (ACAR)

The Alabama Coalition Against Rape serves as the statewide coalition supporting rape crisis centers and coordinating services for incarcerated victims of sexual assault. Representatives confirmed that ACAR maintains a Memorandum of Understanding (MOU) with the Alabama Department of Corrections (ADOC) to provide Sexual Assault Nurse Examiner (SANE) and advocacy services through designated regional rape crisis centers.

Under this agreement, ACAR ensures victims within ADOC facilities have access to emotional support, advocacy services, and a confidential hotline for immediate assistance. The MOU also requires that support services be available regardless of when or where the sexual abuse occurred. Victim advocates are

trained to provide emotional support, crisis intervention, and assistance with reporting and follow-up care.

The Lighthouse - Baldwin County

The Lighthouse of Baldwin County, a local member agency of ACAR, confirmed its role as the rape crisis center serving this facility. Representatives reported that Lighthouse provides both SANE and advocacy coverage for sexual abuse allegations involving inmates.

During the past 12 months, The Lighthouse confirmed that no SANE examinations were requested from the facility. They explained that advocates and nurses remain available on-call should a need arise, and that all forensic examinations are conducted at hospital emergency departments by nurses trained to handle sexual assault cases in coordination with local law enforcement and prosecution staff.

Advocates from The Lighthouse offer in-person counseling, crisis intervention, and accompaniment for victims before, during, and after forensic examinations. They also help coordinate follow-up care through collaboration with facility medical and mental health staff. A *confidential toll-free hotline (1-800-543-5068 or 661 from an inmate telephone) is maintained for inmate use. Inmates may contact advocates confidentially, both by phone and through a designated mailing address, to receive support without facility interference.

Counseling sessions occur in private settings, and ongoing aftercare services are arranged as needed with facility clinicians. These services are provided free of charge to inmates, and financial responsibility is never transferred to the victim.

The facility's designated SANE site for forensic examinations is the USA Freestanding ER, located at 181 Hillcrest Road in Mobile, Alabama. This location remains the assigned treatment center for all emergency sexual assault medical evaluations. No forensic exams were reported during the review

period.

Lifelines Family Counseling Center

Lifelines Family Counseling Center, another ACAR affiliate and regional support provider, was contacted to confirm available services and any engagement with the facility.

Lifelines representatives stated that they offer multi-service programs, including family and financial counseling, crisis response, and sexual assault victim advocacy.

Lifelines provides free and confidential emotional support to survivors of sexual violence, regardless of when or where the victimization occurred. The agency operates a 24-hour rape crisis hotline (1-800-473-RAPE or 251-473-RAPE) staffed by trained professionals and volunteer advocates. This hotline provides immediate, confidential access to counseling, crisis response, and referral to additional services. Lifelines reiterated that no inmate is charged for any mental health or advocacy assistance and that survivors retain control over whether to pursue medical, legal, or counseling support following a disclosure.

SAFE/SANE Medical Personnel

Interviews with Sexual Assault Forensic Examiner (SAFE/SANE) personnel confirmed that all forensic medical examinations are conducted externally at the USA Freestanding ER in Mobile, Alabama, which serves as the regional SANE-designated site. When a report is received, SANE professionals are contacted through an established on-call roster, ensuring that a qualified examiner is available at all times. Facility staff arrange safe, immediate transport for the inmate to the examination site.

SANE personnel explained that forensic examinations follow nationally recognized protocols and are conducted with an emphasis on trauma-informed care, dignity, and evidence preservation. Medical staff and advocates collaborate throughout the process to ensure that victims receive emotional support as well as clinical care. All related services—including transportation, clinical

testing, and evidence documentation—are provided at no cost to the inmate, with no financial responsibility transferred to the victim at any stage.

SUMMARY

Through engagement with community-based service providers, the Auditor confirmed that the facility and its partners maintain a comprehensive network of victim advocacy and forensic response resources, accessible to inmates at all times. Local and statewide partners—including Just Detention International, the Alabama Coalition Against Rape, The Lighthouse of Baldwin County, and Lifelines Family Counseling Center—ensure that emotional support, forensic exams, and follow-up counseling are available without cost or access barriers.

The audit’s findings confirmed active agreements between ADOC and external service providers, consistent communication readiness, and established hotline access (*661) from inmate telephones. These measures collectively demonstrate compliance with PREA’s standards for external victim advocacy, confidentiality, and unrestricted access to medical and support resources for survivors of sexual abuse within secure facilities.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	386
15. Average daily population for the past 12 months:	366
16. Number of inmate/resident/detainee housing units:	8

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

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>367</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
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:	1
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):

Vulnerable and Targeted Populations

As part of the facility's comprehensive Prison Rape Elimination Act (PREA) compliance audit, the Auditor conducted an in-depth review to evaluate the institution's ability to identify, track, and provide appropriate care and protection to individuals who may be at greater risk of sexual abuse or victimization while in custody. The evaluation drew on several methods, including analysis of facility records, assessment of intake screening and classification procedures, and structured interviews with key intake, classification, and medical personnel responsible for managing populations with increased vulnerability. The assessment focused on populations outlined in PREA standards as requiring elevated attention and protection. These include individuals who are transgender or intersex; inmates with disabilities or sensory impairments; individuals with limited English proficiency; those detained for civil immigration purposes; and inmates with current or previous experiences of sexual victimization. The Auditor's review aimed not only to identify whether members of these populations were currently housed at the facility but also to determine whether institutional protocols, documentation systems, and staff awareness were sufficient to meet the needs of such individuals upon intake and throughout their confinement.

Identification of Vulnerable Populations

During the on-site review, the Auditor identified several groups within the current inmate population whose characteristics align with categories of heightened risk. These included individuals with physical or cognitive impairments, those with visual or hearing limitations, individuals who identified as non-heterosexual, and inmates who had disclosed prior victimization either within this facility or in other institutional settings. At the time of audit, no inmates were reported as having previously disclosed sexual victimization before arrival, nor were there any inmates housed in segregation for protection against

potential victimization.

To verify accuracy, the Auditor cross-referenced data from multiple sources—including intake screening forms, housing and classification records, population tracking logs, and internal communication between intake and clinical staff. Additional verification was achieved through interviews with intake and classification personnel. The consistency across documentation and staff reports demonstrated that the facility effectively tracks and monitors at-risk individuals, with records that were organized, current, and accessible.

To further validate the process, the Auditor conducted interviews with thirteen inmates who were identified through screening as belonging to one or more vulnerable categories. These interviews confirmed that inmates understood the facility's reporting mechanisms and felt secure in their current housing arrangements. Their statements corroborated that facility staff demonstrate professionalism and sensitivity when interacting with individuals from varied backgrounds or with special needs.

Staff Awareness and Compliance Practices

Staff interviews reflected strong awareness and understanding of the facility's established procedures for screening, documenting, and accommodating individuals identified as vulnerable under PREA guidelines. Intake and classification personnel clearly articulated the step-by-step screening process used upon admission, including the use of structured questionnaires and follow-up assessments when necessary. Staff explained how screening responses inform housing assignments, access to programs, and ongoing monitoring, providing a person-centered approach that prioritizes safety and dignity.

Personnel also discussed how they are trained to recognize behavioral, medical, or psychological indicators that may suggest heightened vulnerability. Medical and mental

health teams are included in these ongoing assessments to ensure that inmates who may need specialized care or support receive timely attention. All staff who participated in interviews expressed confidence in the facility's capacity to identify risk factors promptly and implement appropriate safeguards.

Policy Framework and Operationalization

The facility's Standard Operating Procedures formally outline its obligations to protect vulnerable populations and detail implementation measures aligned with PREA requirements. These provisions cover several key areas: comprehensive risk screening at intake, continuous re-evaluation during confinement, coordinated communication between security and treatment teams, and individualized housing or program placement that prioritizes safety and privacy.

Procedures emphasize immediate access to medical and mental health care following any report of sexual abuse or harassment. They also define staff roles in responding to disclosures, documenting concerns, and ensuring that protective measures are taken promptly. Specialized training programs equip staff with the knowledge and practical skills necessary to work respectfully and effectively with people who identify as transgender or intersex, have disabilities, or come from different language or cultural backgrounds. During the on-site observation, these procedures were found to be not only well-documented but also actively practiced. Staff routinely engage in screening and dialogue designed to identify and mitigate potential vulnerabilities, demonstrating that established protections are operationalized and consistently reinforced throughout daily activities.

Summary

In summary, the facility was housing inmates from several categories of identified vulnerable populations at the time of the audit, and institutional operations reflected

strong adherence to the PREA standards governing their protection. The audit findings indicate that the facility's intake, classification, and medical processes operate in coordination to ensure careful identification of risk factors and to apply proportionate safeguards.

Staff proficiency, well-structured recordkeeping, and strong adherence to written policies all support the conclusion that the facility demonstrates full compliance with PREA requirements concerning the identification and protection of inmates at heightened risk of sexual abuse or harassment.

The institution's approach—rooted in professionalism, empathy, and trauma-informed practice—reflects a culture of safety, respect, and accountability. The facility is prepared to meet the needs of diverse and potentially vulnerable populations, ensuring that all individuals in custody are afforded protection, dignity, and equal access to supportive services in keeping with the mission and intent of the Prison Rape Elimination Act.

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

<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>45</p>
<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>

39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:

As part of the PREA compliance audit, the Auditor conducted a comprehensive review of the facility's workforce—encompassing staff, contractors, and volunteers—to ensure adherence to the annual Prison Rape Elimination Act (PREA) training requirements. The purpose of this review was to confirm that all personnel who interact with inmates are equipped with the knowledge and skills necessary to prevent, detect, and respond effectively to incidents of sexual abuse and harassment.

The facility reported a total of 36 staff members, 7 contractors, and 45 volunteers engaged in operational and programmatic functions during the audit period. Annual training for all categories of personnel is fundamental to maintaining a safe and secure environment. To verify compliance, the Auditor examined a broad sample of training records across the facility's different personnel categories, including documentation for each of the 36 staff members, four general (non-medical) contractors, three medical and mental health contractors, and 43 volunteers. Every file contained a signed acknowledgment verifying that the individual had completed the required PREA training within the previous 12-month cycle.

Verification of Training Procedures

Interviews with the facility's training coordinator and supervisory staff confirmed that the institution maintains an organized and methodical approach to annual PREA education. Staff described a structured training cycle that begins with new-hire orientation and continues through mandatory refreshers for all employees, contractors, and volunteers each year. Attendance, completion dates, and signed certification forms are logged systematically to ensure accountability and timely retraining when required.

The training curriculum encompasses several core areas: the agency's zero-tolerance policy toward sexual abuse and sexual harassment;

protocols for identifying, preventing, and responding to sexual misconduct; reporting pathways for both staff and inmates; and guidance for maintaining confidentiality when handling sensitive information. Special attention is given to recognizing behavioral and environmental risk factors that could lead to sexual victimization or abuse.

Contractors and volunteers participate in training modules tailored to their roles within the facility. These sessions emphasize the duty to report any suspected or disclosed sexual abuse immediately, the importance of safeguarding confidentiality, and the procedures for providing support or notifying appropriate staff in the event of an inmate disclosure.

Observations and Documentation Review

The Auditor found training records to be well-organized, current, and easily accessible. Files were stored both electronically and in hardcopy format, demonstrating careful organization and consistency across all departments. Each record reviewed showed clear documentation of completion, dates, and the trained individual's acknowledgment of understanding facility and PREA-specific expectations.

Supervisory staff described periodic internal audits of training documentation to ensure that no personnel lapse beyond the required annual renewal window. Facility leadership and training staff expressed that ongoing PREA education has positively influenced institutional culture—enhancing staff awareness, encouraging timely reporting, and reinforcing professional behavior in all inmate interactions.

Interviews and Observations

Staff interviewed during the audit repeatedly emphasized that PREA training is viewed as integral to daily operations and personal accountability. Several staff members noted that the instruction they receive is interactive, realistic, and directly applicable to their job duties. They explained that scenario-based discussions have helped them identify early

warning signs of potential victimization or misconduct and improved their confidence in making prompt and appropriate reports. Contractors and volunteers expressed similar sentiments, indicating that the PREA modules they complete clarify their responsibilities within the facility environment. They reported feeling well-informed about how to recognize inappropriate conduct, how to respond if an inmate discloses abuse, and who to contact in the chain of command to ensure an immediate and appropriate response.

Summary

The review and observations confirmed that the facility upholds a consistent and comprehensive training program that meets PREA’s annual instruction requirements for all levels of staff, contractors, and volunteers. Documentation verified that every individual required to complete training had done so within the appropriate timeframe.

The facility’s demonstrated commitment to maintaining accurate records, delivering thorough and practical content, and fostering staff awareness supports a strong culture of professionalism and accountability. By ensuring that all personnel—regardless of employment category—understand their responsibilities in preventing, detecting, and responding to sexual abuse and harassment, the facility reinforces its overarching objective of protecting the safety and dignity of all inmates in its care.

These efforts collectively reflect compliance with PREA standards, confirming that the facility has established a sustainable, system-wide approach to education, prevention, and ongoing vigilance in maintaining a secure environment free from sexual abuse and harassment.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

13

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

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

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total population of 367 individuals in custody. In accordance with the PREA Auditor Handbook, facilities of this size are required to conduct a minimum of thirteen randomly selected inmate interviews. The sample of random inmate interviewees was selected to reflect a broad geographic cross-section of the facility by drawing from multiple housing units, custody levels, and program areas rather than relying on a single location or population group. This approach helped ensure that the interviews represented inmates from different parts of the institution and provided a balanced view of conditions, supervision, and access to reporting and support services throughout the facility. The random selection process was guided by alphabetical housing unit rosters and included representation from multiple housing areas to ensure a cross-section of perspectives. Considerations for age, race, and ethnicity were applied to promote inclusivity and capture the diversity of the facility's population. This methodology ensured that the Auditor obtained a representative overview of inmate experiences while maintaining compliance with PREA standards.</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>

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):

Random Inmate Interviewee Selection Process

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total inmate population of 367 individuals. According to the PREA Auditor Handbook, facilities with this population size must conduct interviews with a minimum of thirteen randomly selected inmates to ensure a representative assessment of institutional conditions and compliance.

Geographic Diversity and Sampling Strategy

To achieve a broad geographic cross-section, the Auditor selected random inmate interviewees from multiple housing units, custody levels, and program areas rather than concentrating selections within a single location or population segment. This deliberate approach captured perspectives from inmates living in general population dormitories, restrictive housing areas, work programs, and educational units, providing a balanced view of supervision patterns, access to services, and reporting mechanisms throughout the facility.

Housing assignments were reviewed using current alphabetical rosters for each unit, with selections made systematically to reflect the institution's physical layout and operational diversity. By distributing interviews across these varied settings, the Auditor ensured that feedback represented experiences from different parts of the facility rather than a narrow or localized sample.

Demographic Considerations and Inclusivity

The selection process incorporated considerations of age, race, and ethnicity to promote inclusivity and reflect the facility's demographic profile. Randomization was balanced against these factors to avoid underrepresentation of any group while maintaining statistical integrity. This methodology allowed the Auditor to gather perspectives that mirrored the inmate population's composition, enhancing the

reliability of findings related to PREA compliance, staff interactions, and institutional culture.

Compliance with PREA Standards

The structured sampling approach adhered to PREA Auditor Handbook guidelines, ensuring that the thirteen random inmate interviews provided a comprehensive overview of lived experiences within the facility. Documentation from housing rosters, classification records, and program assignments was cross-referenced to verify selection accuracy and geographic distribution.

Inmates interviewed expressed clear understanding of reporting procedures, access to support services, and their rights under PREA. Their responses consistently corroborated documentation reviewed and staff accounts, demonstrating that the facility maintains uniform standards across housing areas and population groups. This representative sampling confirmed the effectiveness of institutional practices while validating compliance with federal PREA requirements for audit methodology.

Targeted Inmate/Resident/Detainee Interviews

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

13

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

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site Prison Rape Elimination Act (PREA) audit, facility leadership reported that no individuals currently housed at the institution met the criteria for this specific targeted population category. This statement was carefully corroborated through a combination of observational, documentary, and interview-based verification methods to ensure accuracy and completeness.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site Prison Rape Elimination Act (PREA) audit, facility leadership reported that no individuals currently housed at the institution met the criteria for this specific targeted population category. This statement was carefully corroborated through a combination of observational, documentary, and interview-based verification methods to ensure accuracy and completeness.</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>1</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>1</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>At the time of the on-site Prison Rape Elimination Act (PREA) audit, facility leadership reported that no individuals currently housed at the institution met the criteria for this specific targeted population category. This statement was carefully corroborated through a combination of observational, documentary, and interview-based verification methods to ensure accuracy and completeness.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The targeted interview selection was completed without difficulty, and no barriers were encountered that prevented the Auditor from completing the interviews. The sample included the all relevant targeted populations that were present, and no oversampling was necessary beyond the standard PREA audit requirements.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Random Staff Interview Selection and Process

The facility maintains a workforce of 36 staff members responsible for daily operations, security, programming, medical care, and administrative support. As part of the on-site Prison Rape Elimination Act (PREA) audit, the Auditor conducted structured interviews with randomly selected staff to evaluate their knowledge of PREA requirements, reporting protocols, and the facility's practices for preventing, detecting, and responding to sexual abuse and harassment incidents.

Selection Methodology

Staff selected for random interviews were drawn exclusively from personnel available during the on-site audit period and deliberately excluded from the separate pool of specialized staff roles (such as investigators, medical providers, or PREA coordinators). This approach ensured that the sample represented a diverse cross-section of line staff, supervisors, and support personnel who regularly interact with inmates across various shifts, housing units, and operational functions.

By focusing on non-specialized employees, the Auditor gathered candid perspectives from those most involved in routine inmate supervision and daily activities. The selection process prioritized geographic and functional diversity, including staff from different housing areas, work programs, and administrative support roles. A total of 12 random staff members were interviewed, providing a representative overview of the facility's operational workforce.

Interview Focus and Staff Knowledge

The interviews examined staff comprehension of several core PREA elements: the agency's zero-tolerance policy toward sexual abuse and harassment; step-by-step procedures for reporting allegations; mandatory reporting obligations; protections against retaliation for inmates and staff; and the specific responsibilities of first responders in preserving evidence, ensuring victim safety,

and initiating medical or mental health support.

Staff consistently demonstrated clear understanding of these requirements. They described how annual PREA training reinforces their roles in prevention through environmental monitoring, behavioral observation, and proactive interventions. Interviewees explained reporting pathways—from immediate notification to supervisors through formal documentation—and emphasized the importance of maintaining inmate confidentiality while coordinating with investigators and clinical teams.

Several staff highlighted practical examples from training scenarios, such as recognizing early warning signs of coercion or vulnerability and de-escalating situations before they escalate. Their responses reflected not only policy familiarity but also confidence in applying PREA standards during real-world interactions with inmates.

Observations and Audit Implications

Training records reviewed alongside interviews confirmed that all 36 staff members had completed required annual PREA education within the past 12 months. The Auditor noted that staff documentation was well-organized, with signed acknowledgments verifying both attendance and content comprehension.

The random interview process revealed a consistent culture of awareness and accountability throughout the facility. Staff from different shifts and assignments uniformly articulated their responsibilities, demonstrating that PREA training translates effectively into daily practice. This alignment between policy, training, and operational behavior strengthened the reliability of the audit findings and validated the facility's approach to fostering a safe environment for inmates.

The structured selection of random staff members provided meaningful insight into the facility's overall compliance posture. By

capturing perspectives from a broad range of roles, the interviews confirmed that PREA standards are understood, implemented, and sustained across the institution, supporting transparency, professionalism, and proactive protection against sexual abuse and harassment.

Specialized Staff, Volunteers, and Contractor Interviews

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

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

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

- Security/detention
- Education/programming
- Medical/dental
- Food service
- Maintenance/construction
- Other

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

Specialized Staff Interview Assessment

As part of the comprehensive on-site Prison Rape Elimination Act (PREA) audit, the Auditor systematically evaluated the facility's organizational structure to identify specialized staff positions typically subject to targeted interviews under PREA standards. This review ensured that all applicable roles were accounted for and that the facility maintained compliance through either dedicated personnel or appropriate alternative arrangements.

Absent Specialized Roles

At the time of the audit, several specialized staff categories outlined in PREA guidelines were not present within the facility's staffing configuration. The institution does not house youthful offenders, eliminating the need for staff specifically assigned to supervise this population. Similarly, the facility does not maintain on-site mental health professionals. Instead, mental health services are coordinated through established external providers who deliver care as needed, ensuring continuity of clinical support without requiring permanent in-house personnel. The facility also confirmed that non-medical staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches. These procedures, when required, are handled exclusively by qualified medical personnel following established protocols. As a result, no staff members in this classification were available or needed for targeted interviews. Additionally, the institution does not operate a dedicated segregation unit overseen by specialized supervisory staff. Inmates requiring separation are managed through alternative housing arrangements rather than traditional segregation, rendering this staff category inapplicable.

Alternative Service Providers

While certain specialized staff positions were absent due to the facility's operational model, the Auditor conducted interviews with key non-staff service providers who contribute to

daily institutional functions. These interviews verified that external personnel maintain equivalent PREA awareness and reporting responsibilities as facility staff.

Volunteer Service Provider Interview

The volunteer interviewed provides religious services to inmates and demonstrated clear understanding of PREA requirements. They explained their obligation to report any disclosure or reasonable suspicion of sexual abuse immediately to facility leadership while respecting confidentiality limits. The volunteer described procedures for responding supportively to inmate disclosures, including maintaining a trauma-informed approach and directing individuals to appropriate reporting channels or support services.

Contractor Service Provider Interview

The contractor interviewed, who serves as a canteen worker, similarly articulated awareness of the agency's zero-tolerance policy toward sexual abuse and harassment. They confirmed their status as a mandated reporter and outlined the process for escalating concerns through designated facility contacts. The contractor emphasized maintaining professional boundaries with inmates while remaining vigilant for signs of coercion, vulnerability, or misconduct in work areas.

Compliance Through Alternative Arrangements

The absence of specific specialized staff roles reflects the facility's scale, mission, and service delivery structure rather than any gap in PREA compliance. Where on-site personnel are not utilized, the facility has established effective partnerships with external providers and clear protocols to ensure that PREA standards remain fully implemented. Mental health services, for example, are accessed through vetted community clinicians who receive PREA orientation and adhere to agency reporting requirements. Cross-gender search protocols are limited to medical staff trained in privacy protections and evidence

preservation. Housing separations are managed through classification decisions rather than dedicated segregation units, with equivalent safeguards for inmate safety and monitoring.

These alternative arrangements demonstrate that the facility adapts PREA requirements to its operational realities while maintaining the same level of protection, reporting, and response capabilities. Interviews with available service providers confirmed that PREA education extends effectively to all personnel interacting with inmates, regardless of employment status.

Summary

The audit confirmed that the facility's staffing structure aligns with its operational needs and PREA obligations. The lack of certain specialized roles is appropriate given the absence of corresponding inmate populations or functions, and alternative procedures ensure equivalent compliance. Non-staff providers demonstrated appropriate PREA knowledge, reinforcing the facility's comprehensive approach to training and accountability across all personnel categories. This evaluation validates that the institution upholds PREA standards through flexible, effective adaptations that prioritize inmate safety, professional conduct, and institutional integrity in all service delivery contexts.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

FACILITY TOUR AND OBSERVATIONS

During the on-site phase of the Prison Rape Elimination Act (PREA) audit, the Auditor received complete and unrestricted access throughout the facility, enabling a thorough evaluation of its physical layout, operational practices, and institutional culture. From initial arrival through the conclusion of the comprehensive tour, facility leadership and staff maintained a professional demeanor, responded promptly to all requests, and provided clear explanations of daily routines and procedures. This level of cooperation and transparency allowed the Auditor to conduct an uninterrupted assessment that captured both planned operations and real-time activities across the institution.

Comprehensive Area Coverage

The facility tour systematically covered every major operational area, beginning with housing units that included general population dormitories and any specialized living assignments in use during the audit period. The Auditor also inspected intake processing areas, medical treatment rooms, educational classrooms, food preparation and dining facilities, visitation spaces, laundry operations, outdoor recreation yards, central control stations, and administrative offices. Staff escorts accompanying the Auditor described staffing patterns, supervision strategies, and typical population levels for each location while answering detailed questions about daily movement, security protocols, and PREA-related safeguards. Movement between areas occurred seamlessly, allowing observation of inmate transitions, staff interactions, and environmental conditions under normal operating circumstances. This comprehensive coverage revealed consistent alignment between documented policies and visible practices throughout the facility.

PREA Signage and Reporting

Accessibility

Special attention was directed toward the facility's compliance with PREA environmental

and informational standards. Prominent signage communicating the agency's zero-tolerance policy against sexual abuse and harassment appeared throughout housing units, hallways, and common areas. Informational posters clearly outlined available reporting options, including internal grievance procedures, external advocacy hotlines, and inmate rights under PREA. These materials were presented in plain language and multiple languages matching the facility's inmate population demographics, ensuring universal understanding and access. Reporting mechanisms were found to be well-maintained and strategically located. Dedicated telephones marked for PREA reporting were fully functional and clearly labeled in high-traffic areas. Instructions for anonymous reporting and third-party submissions appeared adjacent to telephones and secure drop boxes, using simple, direct wording. Grievance forms were stocked in housing unit dayrooms, with locked drop boxes positioned for discreet submission. Critical hotline information—including the facility's designated number accessible by dialing *661 from inmate telephones—was posted visibly near phones, restrooms, recreation spaces, and housing entrances, guaranteeing availability regardless of an inmate's location or movement status.

Environmental Safety and Privacy Measures

Physical conditions throughout the facility supported both security and PREA compliance objectives. Housing areas and communal spaces were clean, orderly, and properly maintained, reflecting routine attention to sanitation and habitability standards. Lighting levels provided adequate illumination for effective staff supervision while eliminating blind spots, yet remained comfortable for daily living.

Restroom and shower facilities incorporated privacy partitions and screening designed to prevent cross-gender viewing while preserving necessary security oversight. The

strategic placement of observation mirrors, security cameras, and staff posts demonstrated deliberate design choices that balanced inmate dignity with operational safety requirements. These configurations aligned directly with PREA Standard §115.15 limits on cross-gender viewing and intrusions, evidencing thoughtful facility planning and ongoing maintenance.

Informal Staff and Inmate Interactions

Throughout the tour, the Auditor engaged in brief, spontaneous conversations with staff working in various areas and inmates encountered during normal movement. These unscripted exchanges provided authentic insight into daily institutional dynamics and the penetration of PREA awareness throughout the facility.

Staff Observations

Line staff consistently articulated their specific responsibilities for prevention through environmental monitoring, behavioral observation, and immediate reporting of concerns. They described first responder protocols with clarity—emphasizing evidence preservation, victim safety prioritization, and coordination with medical and investigative teams. Staff across different posts demonstrated uniform understanding of retaliation protections for both inmates and fellow employees who report violations.

Inmate Perspectives

Inmates interviewed informally confirmed familiarity with multiple reporting pathways and expressed comfort using grievance systems, telephones, or direct staff contact. Several identified the *661 hotline access and external advocacy resources by name, indicating that PREA education reaches the population effectively. Most reported feeling secure in raising concerns without fear of negative consequences, reflecting trust in the institution's response mechanisms.

Overall Facility Assessment

The facility presented as secure, well-maintained, and professionally operated during the audit tour. Environmental

features—from adequate lighting and privacy accommodations to accessible reporting tools—demonstrated institutional priority on safety, respect, and operational excellence. The absence of visible blind spots, combined with strategic camera placement and staff positioning, supported effective monitoring while preserving appropriate boundaries. Unrestricted Auditor access, knowledgeable personnel, and informed inmates collectively confirmed that PREA standards form an integral part of daily operations rather than isolated compliance measures. The facility’s physical design, informational postings, and operational transparency reflect sustained leadership commitment to creating and maintaining an environment where sexual abuse prevention is both practiced and understood at every level. These observations provide strong evidentiary support for the facility’s demonstrated compliance with PREA environmental, informational, and operational standards. The comprehensive tour validated that institutional practices consistently protect inmate dignity, facilitate reporting, and uphold zero-tolerance principles throughout all areas of operation.

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 - Staff Hiring, Screening, and Ongoing Education

As part of the comprehensive Prison Rape Elimination Act (PREA) audit, the Auditor conducted an in-depth examination of personnel files and training documentation to verify compliance with hiring, background screening, and annual education requirements. A total of 36 staff personnel files—representing both security and non-security roles—were reviewed in detail. Each file included complete pre-employment records, such as criminal background checks, employment eligibility verification, and administrative adjudication forms where required. The facility also maintained evidence of ongoing monitoring through annual background rechecks, systematically coordinated with firearm qualifications for eligible staff. This integrated approach demonstrated disciplined personnel oversight and consistent risk management practices across the workforce.

Training records further confirmed that all 26 staff files examined contained signed acknowledgments verifying completion of PREA education within the prior 12 months. Instruction covered essential topics including the agency's zero-tolerance policy against sexual abuse and harassment, standardized reporting procedures, maintaining professional boundaries with inmates, and protocols for conducting cross-gender searches while preserving individual dignity. These comprehensive, recurring training sessions ensured that staff possessed current knowledge necessary to foster a safe and respectful institutional environment.

INMATE RECORDS - Intake Education and PREA Awareness

The Auditor reviewed a random sample of 41 inmate records to confirm adherence to initial PREA education requirements. Every file contained documentation verifying that inmates received orientation during intake processing, including signed acknowledgment

forms, distribution records for the facility's orientation handbook and PREA informational brochure, and confirmation of video presentation viewing.

Interviews with inmates reinforced these findings, as participants consistently demonstrated clear understanding of the facility's zero-tolerance stance, multiple reporting pathways, and available support services. This alignment between documentation and inmate knowledge validated the effectiveness of the facility's education program and its success in promoting PREA awareness from the moment of arrival.

RISK ASSESSMENTS AND REASSESSMENTS - Screening for Victimization and Abusiveness

To assess compliance with PREA screening protocols, the Auditor examined 44 randomly selected inmate records. Each demonstrated completion of an initial risk assessment within 72 hours of arrival, followed by documented reassessment within 30 days as mandated by PREA Standard §115.41.

These records reflected a methodical process for identifying inmates potentially at risk of victimization or those presenting risks to others. Screening tools captured critical factors such as prior victimization history, abusive behavior patterns, and special vulnerabilities, with results informing housing, classification, and monitoring decisions. The consistent documentation and timely reassessments confirmed the facility's commitment to proactive risk management throughout an inmate's confinement.

GRIEVANCES - Inmate Reporting and Complaint Monitoring

Review of Pre-Audit Questionnaire (PAQ) documentation, combined with interviews with the Institutional PREA Compliance Manager (IPCM), verified that one grievance related to allegations of sexual abuse or harassment was received during the previous 12 months. The IPCM described the grievance tracking system, noting that all submissions

are logged, reviewed within established timelines, and addressed according to agency procedures, ensuring accountability and responsiveness to inmate concerns.

INCIDENT REPORTS - Allegations of Sexual Abuse and Harassment

Facility records and staff interviews confirmed three allegations of sexual abuse and one allegation of sexual harassment over the past 12 months. The Auditor conducted a thorough review of all four incident reports, finding each to be complete and procedurally sound. Documentation included detailed initial intake forms, notification timestamps, protective action records, and coordination notes with medical, mental health, and investigative teams.

Staff responsible for initial response demonstrated familiarity with established protocols, including immediate notification of the PREA Compliance Manager, implementation of safety measures for involved parties, and preservation of evidence collection opportunities. The uniformity of reporting practices across incidents reflected well-trained personnel and consistent operational execution.

INVESTIGATION RECORDS - PREA Investigative Compliance

The Auditor examined complete investigative files for all reported incidents, verifying comprehensive documentation in each case. Files contained incident reports, witness statements, administrative review documentation, evidence logs, and formal closure determinations. All investigations adhered to required timelines and followed agency protocols for conducting impartial, confidential inquiries while maintaining chain-of-custody standards.

Interviews with investigative personnel confirmed a structured approach emphasizing objectivity, thoroughness, and coordination with external law enforcement when criminal referrals were appropriate. Investigators articulated clear understanding of PREA-specific evidence standards, victim-centered

interviewing techniques, and documentation requirements that support both administrative and potential criminal proceedings.

Summary of Records Review

This systematic evaluation of personnel files, training documentation, inmate education records, risk screening assessments, grievances, incident reports, and investigative files demonstrated the facility’s commitment to maintaining thorough, accurate, and accessible recordkeeping systems. Every category reviewed reflected operational discipline, policy adherence, and proactive compliance management.

Staff demonstrated current PREA knowledge through both documentation and interview responses, while inmate records confirmed effective orientation and risk identification processes. Incident documentation—from initial reporting through investigation closure—followed established standards without exception. Collectively, these records validated that the facility sustains a culture of accountability, responsiveness, and safety, with systems designed to protect inmates from sexual abuse and harassment while ensuring transparent handling of all related concerns.

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	2	2	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	3	3	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	1	0	0
Total	1	1	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	3	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	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:	3
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input 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.	<p>All sexual abuse and sexual harassment investigation files were selected for complete review, as the total number of reported incidents (three sexual abuse allegations and one sexual harassment allegation) fell within the PREA Auditor Handbook threshold requiring examination of every file from the past 12 months. Each investigation was conducted thoroughly, followed agency protocols and required timelines, and contained complete documentation including incident reports, witness statements, evidence preservation records, and final determinations. No barriers to access or review were encountered.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

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.

- Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Before and throughout the on-site audit, the Auditor undertook a thorough review of documentation submitted by the Alabama Department of Corrections (ADOC) to evaluate compliance with this standard. The core reference was Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment, issued May 29, 2025, which serves as the agency’s primary policy framework for PREA compliance.</p> <p>Additional materials—such as the Pre-Audit Questionnaire (PAQ), the Inmate Awareness pamphlet (offered in both English and Spanish), the Male Inmate Handbook dated September 25, 2017, the official organizational chart, and credential documentation for the PREA Director and Institutional PREA Compliance Managers (IPCMs)—provided further context. Training records verified specialized, ongoing instruction provided to staff charged with PREA-related duties.</p> <p>Together, these materials presented a cohesive picture of a well-defined</p>

organizational system designed to prevent, detect, and respond to sexual abuse and harassment. The documentation demonstrated how PREA leadership functions are both structured and sustained across every level of the ADOC system.

INTERVIEWS

Interviews with agency and facility-level personnel provided critical insight into how PREA responsibilities translate from policy into daily practice.

PREA Director

At the agency level, the PREA Director described the Department's firm Zero Tolerance position as the cornerstone of ADOC's preventive and corrective efforts. Positioned at the executive level, the Director operates with direct access to departmental leadership, ensuring both authority and resources sufficient to implement and enforce PREA standards effectively. The Director highlighted a proactive approach, personally overseeing the training of all newly appointed IPCMs and maintaining regular contact with them through conference calls, emails, and on-site visits. This consistent communication fosters accountability and uniformity across facilities while ensuring immediate responsiveness to emerging issues.

Institutional PREA Compliance Manager

In conversation with an Institutional PREA Compliance Manager, the Auditor learned that IPCMs are afforded the time, autonomy, and institutional support needed to focus exclusively on PREA functions. This role is not diluted by unrelated assignments. The IPCM expressed confidence in being fully backed by facility administration and the agency's oversight mechanisms—both of which ensure that PREA compliance remains a continuous, fully integrated responsibility rather than a secondary duty.

Across all interviews, it was clear that ADOC's structure intentionally empowers PREA leadership at every level. The agency has created a system that ensures those tasked with safeguarding inmate safety and upholding Zero Tolerance are equipped with the authority, resources, and direct access to decision-makers required to maintain PREA compliance statewide.

PROVISIONS

Provision (a): Commitment to Zero Tolerance and Clear Policy Foundation

The Auditor's review of the PAQ and supporting documentation revealed an unambiguous and deeply embedded commitment to a Zero Tolerance approach toward sexual abuse and harassment. ADOC's policies set forth firm expectations for prevention, detection, reporting, and response procedures, defining not only what constitutes prohibited conduct but also the disciplinary actions associated with violations.

Administrative Regulation #454, Section II, establishes the agency's zero-tolerance stance, affirming that sexual abuse, sexual harassment, and sexual misconduct are strictly prohibited in all circumstances—whether the conduct is staff-on-inmate,

inmate-on-inmate, coerced, or ostensibly consensual.

Section III of the regulation and the corresponding Inmate Handbook elaborate on definitions of substantiated, unsubstantiated, and unfounded allegations while identifying sanctions and response measures. Prevention strategies, reporting channels, and staff duties are clearly documented, ensuring comprehensive alignment with PREA standards.

Relevant Policy:

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

Provision (b): Structure and Authority of the PREA Director

The organizational chart and PAQ confirm that the PREA Director occupies an executive-level position within ADOC and functions with system-wide oversight authority. This structure allows routine communication with all twenty-six institutions through appointed IPCMs and corresponding backups, ensuring complete coverage across the state.

According to AR #454, the Commissioner officially designates the PREA Director, empowering the position to coordinate and develop procedures to prevent, identify, monitor, and track incidents of sexual abuse and harassment among inmates. The Director is responsible for maintaining statistical data, conducting practice audits, and refining departmental procedures to promote sustained compliance.

The PREA Director's oversight extends to coordination with key agency divisions such as Wardens, Associate Commissioners, the Legal Division, and the Law Enforcement Services Division. Each of these entities carries defined PREA responsibilities under AR #454, Sections V and VI, reflecting a layered and collaborative structure for institutional accountability.

The regulation details responsibilities extending from the Commissioner to various directors—including those of Information Systems, Training, and Health Services—demonstrating how PREA integration touches every operational aspect of the Department. This inclusive design ensures cross-divisional alignment and consistent policy execution.

Relevant Policy:

AR #454, Section III, item K (pp. 1-2); Section VI, Responsibilities (pp. 5-12); Section E, items 1-12 (pp. 7-8)

Provision (c): Institutional PREA Compliance Manager Designation and Oversight

The PAQ indicates that each ALDOC facility must designate a dedicated Institutional PREA Compliance Manager. The IPCM at this facility serves concurrently as a Special Investigator, reinforcing alignment between investigative integrity and PREA compliance. Notably, IPCMs report to the ADOC Investigation Division or the Office of

the Inspector General (OIG) rather than directly to the Warden. This structure promotes neutrality, consistency, and reinforces the ability to act objectively on matters related to sexual safety.

Under AR #454, the IPCM's responsibilities include serving as the facility's central PREA coordinator—charged with implementing procedures for prevention, detection, and response, maintaining tracking systems and statistical records, and conducting practice audits. These measures ensure that institutional operations remain transparent, responsive, and fully aligned with departmental policy and PREA standards.

Relevant Policy:

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

CONCLUSION

After a complete review of policies, supporting documents, and detailed staff interviews, the Auditor concludes that the Alabama Department of Corrections meets all provisions of Standard §115.11. The PREA Director is fully empowered with authority, access, and resources to oversee statewide implementation and ensure accountability. At the facility level, IPCMs are equipped to act decisively and independently to uphold Zero Tolerance standards.

ADOC's structure reflects a deliberate and enduring commitment to maintaining a safe, accountable environment for all individuals in custody. The combination of leadership engagement, institutional consistency, and policy integration clearly demonstrates ongoing adherence to PREA principles and sustained dedication to the sexual safety of every inmate under ADOC supervision.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.12, the Auditor carried out a detailed and methodical review of materials provided by the Alabama Department of Corrections (ADOC). The review focused on assessing whether federal PREA requirements are not only included in but also enforceable within all contracts for the confinement of ADOC inmates held by private or county-operated entities.</p> <p>The evaluation included the facility's completed Pre-Audit Questionnaire (PAQ) and its extensive supporting documentation, with particular attention to Administrative Regulation (AR) #454, Operations & Legal, Inmate Sexual Abuse and Harassment (May 29, 2025). This regulation clearly defines agency-wide roles, responsibilities, and</p>

compliance expectations related to PREA.

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

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

INTERVIEWS

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

Agency Contract Administrator

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

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

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

PROVISIONS

Provision (a): Embedding PREA Standards Within Contractual Language

The PAQ and document review confirmed that ADOC mandates explicit PREA compliance clauses in every contract governing the confinement of inmates. These clauses outline each contractor’s obligations, specify prohibited conduct, and delineate clear expectations for reporting and oversight. They also formalize ADOC’s authority to access information, conduct audits, and verify adherence to PREA

standards.

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

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

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

Relevant Policy:

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

Provision (b): Enforcing Oversight and Continuous Compliance

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

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

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

CONCLUSION

After a complete review of relevant regulations, contractual documents, and the Pre-Audit Questionnaire, along with the insights gained from staff interviews, the Auditor

	<p>finds the Alabama Department of Corrections to be in full compliance with PREA Standard §115.12.</p> <p>ADOC has firmly integrated PREA obligations into every aspect of its contractual framework, ensuring that external confinement partners uphold the same zero-tolerance principles applied within ADOC-operated facilities. Through explicit contractual clauses, systematic monitoring, and active administrative oversight, the Department safeguards the sexual safety, dignity, and rights of every inmate entrusted to its custody or contracted care.</p> <p>This institutionalized approach demonstrates ADOC’s sustained and comprehensive commitment to accountability, transparency, and the highest standards of compliance within correctional partnerships.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>Prior to the on-site audit, the facility provided the Auditor with a carefully organized and comprehensive set of materials through the Pre-Audit Questionnaire (PAQ). Taken together, these materials documented the facility’s staffing philosophy, supervision framework, and monitoring mechanisms aimed at preventing and detecting sexual abuse and sexual harassment.</p> <p>The documentation review included a detailed examination of Alabama Department of Corrections (ADOC) Administrative Regulation #454, Operations & Legal, Inmate Sexual Abuse and Harassment, effective May 29, 2025, as well as all supporting facility-level records. Among the most relevant were the Annual PREA Staffing Plan Review (ADOC Form 454-J), the Log of Unannounced Rounds (ADOC Form 454-K), deviation logs, staffing plan checklists, facility blueprints, vulnerability assessments, and the current Facility Staffing Plan dated November 12, 2025.</p> <p>Together, these materials established a well-documented foundation for evaluating compliance with PREA Standard §115.13. The records clearly demonstrated that staffing decisions and monitoring practices at the facility are both purposeful and data-driven, reflecting a structured approach to safety oversight that integrates people, policy, and technology.</p> <p>OBSERVATIONS</p> <p>During the on-site phase, the Auditor conducted unannounced reviews of housing unit logbooks and supervisory entries. These reviews confirmed that intermediate- and higher-level supervisors consistently perform unannounced rounds, with entries</p>

accurately recorded across all shifts. Supervisors followed established procedures, documenting the date, time, and scope of each round in accordance with agency requirements.

In addition to documentation checks, the Auditor personally observed supervisory staff performing rounds in multiple areas of the facility. Supervisors were visible and engaged—interacting with staff, speaking directly with inmates, and observing daily operations with attentiveness and professionalism. Their presence underscored a culture of accountability and proactive oversight. The observed supervision style promoted communication, safety awareness, and operational transparency.

INTERVIEWS

The audit interviews further corroborated the consistency of supervision and monitoring practices throughout the facility.

Facility Head

The Facility Head described staffing as a cornerstone of both safety and rehabilitation. Decisions regarding staffing patterns are guided by inmate activity schedules, housing design, and operational needs. The leader emphasized the dual importance of maintaining adequate coverage while ensuring inmates retain full access to programs, education, and services. The expansion of the video monitoring system was highlighted as a major contributor to increased situational awareness and investigative efficiency.

The Facility Head explained that staffing assessments incorporate direct input from multiple organizational layers—including line staff, supervisors, and the PREA Compliance Manager. Deviations from the staffing plan are documented and analyzed to inform future adjustments. Despite ongoing hiring challenges, the facility had recently bolstered its workforce with 95 new employees, helping achieve stability across essential posts.

Institutional PREA Compliance Manager (PCM)

The IPCM confirmed an active and ongoing role in the facility's supervision and monitoring structure. This includes reviewing staffing patterns, evaluating video monitoring coverage, and coordinating rapid responses to any technical failures in surveillance equipment. The IPCM participates in the facility's annual staffing review, which considers population trends, architectural design, and emerging operational needs. The IPCM also ensures that staffing levels remain sufficient to support programming and that adjustments are initiated promptly if vulnerabilities are detected.

Intermediate or Higher Staff

Intermediate- and higher-level supervisors reported that unannounced rounds are intentionally unpredictable and carried out on every shift. They described these rounds as opportunities not only for policy enforcement but also for direct coaching,

communication, and intervention when needed. Supervisors reported that unannounced observations prevent complacency and reinforce consistent staff performance across posts.

Line Staff

Interviews with line staff confirmed a shared understanding of PREA-specific monitoring responsibilities. Staff described the presence of supervisors as routine and expected, and all affirmed that advance notice of supervisory rounds is strictly prohibited—a rule that is clearly understood and consistently enforced.

Inmates

Inmates interviewed at random corroborated these accounts. They described supervisors, including the PREA Compliance Manager, as visible, professional, and approachable figures throughout the facility. Many reported that supervisory presence promotes fairness, responsiveness, and a heightened sense of safety.

PROVISIONS

Provision (a): Developing and Maintaining a Comprehensive Staffing Plan

The PAQ and supporting documentation confirmed that the facility maintains a formal staffing plan developed in accordance with agency policy and federal PREA standards. This plan undergoes annual review to ensure adequate coverage and the integration of effective technological monitoring systems.

The current plan—based on a projected average daily population of 365 inmates—addresses all 13 elements required by PREA Standard §115.13. Review of shift schedules verified that essential posts were covered without significant interruption.

ADOC Administrative Regulation #454 assigns the Warden direct responsibility for maintaining the staffing plan and ensuring both adequate staff-to-inmate ratios and effective video surveillance. Each year, the PREA Director and Warden jointly evaluate this plan using ADOC Form 454-J, Annual PREA Staffing Plan Review. The analysis considers correctional practices, investigation outcomes, facility design, inmate demographics, programming needs, and camera placement.

The 2025 staffing plan, developed under SOP Procedure C-67, was found to be detailed, timely, and operationally responsive. With an average daily population of 365 at the time of the audit, the plan demonstrated a well-balanced distribution of staff resources across housing, program, and security functions.

Relevant Policy:

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

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

Provision (b): Addressing Deviations and Staffing Adjustments

The facility's staffing plan was designed for a projected population of 386 inmates, with coverage for mandatory posts prioritized without exception. When unexpected vacancies occur, supervisors rely on overtime or staff reassignment to ensure continuity of supervision. The watch commander is tasked with documenting all deviations in the staffing deviation log.

A review of these logs revealed that the most common causes of modifications in the prior year were medical runs, inmate transports, inmate transfers, staff level, staff call in, and emergency situation. In each case, coverage was maintained and inmate programming continued uninterrupted. The Facility Head confirmed that resource management and policy compliance were never compromised due to these minor adjustments.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV, H, 11, p. 9;
ADOC Administrative Regulation #454, Section V, E, 3, p. 19 (effective May 29, 2025).

Provision (c): Annual Review and Continuous Evaluation of Supervision

Agency policy mandates an annual review of the facility's staffing plan conducted collaboratively by executive leadership and the PREA Compliance Manager. The 2025 review analyzed supervision patterns, staffing ratios, video monitoring coverage, and anticipated operational shifts.

This review accounted for plant layout, camera placement, and physical security improvements, ensuring all mandatory posts remained filled and all surveillance systems—cameras, mirrors, and control centers—were operational. Internal audits supported by Facility and PREA leadership further evaluated inmate-accessible areas for vulnerabilities.

Relevant Policy:

ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10;
ADOC Administrative Regulation #454, Section V, E, 2, p. 19 (effective May 29, 2025).

Provision (d): Conducting Unannounced Supervisory Rounds

Observations and interviews consistently demonstrated that intermediate- and higher-level supervisors perform unannounced rounds on every shift, covering all housing and program areas. These rounds are logged in both the Shift Report and ADOC Form 454-G, Log of Unannounced Rounds, documenting the date, time, and supervisor present.

The Auditor verified multiple entries showing that rounds were routinely completed and properly recorded. Supervisors were seen engaging directly with staff and inmates during the audit—demonstrating adherence to both the letter and spirit of the policy. Staff confirmed full awareness of the prohibition against providing advance

	<p>notice of rounds, a principle consistently reinforced by leadership.</p> <p>Relevant Policy:</p> <p>ADOC Administrative Regulation #454, Section IV, H, 1-13, pp. 8-10; ADOC Administrative Regulation #454, Section V, E, 4, p. 20 (effective May 29, 2025).</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of staffing records, policy documents, supervision logs, and video monitoring systems—supported by extensive staff and inmate interviews and direct observation—the Auditor concludes that the facility fully complies with PREA Standard §115.13, Supervision and Monitoring.</p> <p>The facility demonstrates a mature, integrated approach to ensuring safety through adequate staffing, consistent monitoring, and transparent supervision. The combination of strategic planning, structured oversight, and responsive management fosters a culture of vigilance, accountability, and respect. By aligning people, technology, and policy in a cohesive framework, the facility has established a sustainable system that safeguards inmates while strengthening overall institutional integrity.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>Before the on-site audit, the facility provided a complete Pre-Audit Questionnaire (PAQ) and comprehensive supporting documentation to facilitate review of its compliance with PREA Standard §115.14. Among the key documents examined was Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, dated May 29, 2025. This regulation articulates the Department’s zero-tolerance policy toward sexual abuse and harassment and lays out the operational framework for implementing PREA standards across all ADOC facilities.</p> <p>The documentation affirmed that the institution is classified as an adult correctional facility and that its inmate population consists exclusively of adults. Classification records, intake procedures, and age verification processes were explicitly designed to ensure that no youthful inmates are ever placed within the facility’s custody.</p> <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor conducted a detailed inspection of housing units, intake areas, administrative offices, and classification documentation to confirm the</p>

absence of youthful inmates. Facility rosters, daily census lists, and intake logs were reviewed, and no individuals were identified with birthdates later than 2008—the age threshold that would indicate youthful status under PREA definitions.

The physical environment and observed operations were clearly consistent with an adult correctional setting. No designated areas, signage, programming spaces, or supervision practices suggested that youthful inmates were present or ever accommodated in the facility. The layout and routines of the institution reflect population management systems appropriate for adults only, reinforcing the administrative and operational verification provided in documentation.

INTERVIEWS

Facility Head

The Facility Head confirmed unequivocally that the institution is a stand-alone adult facility and does not house youthful inmates. During interviews, they explained that each intake is thoroughly screened through the classification process, which includes verification of the individual's age before assignment. If a youthful inmate were ever identified upon arrival, the Facility Head stated that procedures require immediate notification to the ADOC Central Office so that the individual can be reassigned to an appropriate facility offering sight and sound separation, as mandated by PREA.

The Facility Head emphasized that ADOC's population management system, combined with the automated classification software, prevents youthful inmates from being assigned to adult institutions. This built-in safeguard is periodically reviewed to ensure sustained accuracy.

Institutional PREA Compliance Manager (IPCM)

The IPCM's interview further substantiated the Facility Head's statements. The IPCM provided a memorandum of non-occurrence, formally documenting the absence of youthful inmates within the facility's history. The IPCM described continuous review of intake data and real-time monitoring tools that flag any potential age-related classification discrepancies.

The IPCM explained that if an admission error were ever to occur, immediate coordination between facility leadership and ADOC's PREA Director would initiate corrective action. This includes expediting transfer to a suitable facility, thereby maintaining compliance with both federal and departmental policy.

Youthful Inmates

Because the facility does not house or process youthful inmates, no interviews were conducted with individuals in that population category. The absence of youthful inmates was clearly validated by cross-referencing facility rosters, population records, and direct on-site observation, all of which confirmed an exclusively adult inmate population.

PROVISIONS

Provision (a): Verification of Adult-Only Population

The PAQ, supported by classification records and on-site verification, confirmed that the facility's population is entirely adult. Rosters and demographic documentation reviewed during the audit indicated that no inmates were born after 2008. Both the Facility Head and IPCM verified that classification procedures are designed to ensure youthful inmates are never received or assigned to the institution. Intake screening, conducted at the departmental level before placement, functions as a safeguard against error.

Relevant Policy:

ADOC AR #454, Section V.D, 2, p. 19 (effective May 29, 2025).

Provision (b): Non-Applicability of Sight and Sound Separation

This provision is not applicable to the facility. Because no youthful inmates are housed, there is no requirement to implement or maintain sight and sound separation measures. The facility's infrastructure, population classification, and operational procedures remain designed exclusively for adult inmates, and no exceptions or adjustments have been necessary.

Provision (c): Inapplicability of Youthful Inmate Supervision Standards

Similarly, this provision does not apply, as the facility neither supervises nor provides housing, programming, or daily management for youthful inmates. While the requirements pertaining to their care do not apply in this context, the facility demonstrated awareness of PREA expectations and readiness to act in accordance with policy should such an unanticipated situation ever arise.

CONCLUSION

Following a thorough review of the PAQ, supporting documentation, classification and intake practices, and in-person verification during the audit, the Auditor concludes that the facility fully complies with PREA Standard §115.14.

The evidence establishes conclusively that the facility is designated and operated as an adult institution, housing no youthful inmates. Staff interviews, records, and operational observations consistently confirmed that robust systems are in place to prevent youthful placements. The Facility Head and IPCM demonstrated clear knowledge of PREA requirements and described immediate procedural actions to correct any future placement errors.

In summary, the facility's established classification safeguards, intake verification processes, and continuous population monitoring ensure full adherence to PREA requirements. The operational structure of this facility fully protects against the housing of youthful inmates and embodies the Department's commitment to maintaining appropriate, safe, and compliant inmate housing standards.

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378">DOCUMENT REVIEW</p> <p data-bbox="256 412 1469 568">To evaluate compliance with PREA Standard §115.15, the Auditor reviewed a comprehensive set of materials submitted through the Pre-Audit Questionnaire (PAQ). Collectively, these documents provided a detailed depiction of the facility’s policies, procedures, and training practices governing cross-gender viewing and searches.</p> <p data-bbox="256 613 1469 860">Among the key references reviewed were Alabama Department of Corrections (ADOC) Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025, and AR #336, Searches, dated February 8, 2016. These policies clearly articulate ADOC’s prohibition of cross-gender strip and visual body cavity searches except under narrowly defined emergency circumstances, ensuring that all search activities reflect professionalism, privacy, and accountability.</p> <p data-bbox="256 904 1469 1128">Supporting documentation included ADOC Form 302-A, Incident Report, and staff training records demonstrating consistent education on cross-gender, transgender, and intersex search protocols. These training materials emphasized trauma-informed, gender-appropriate practices, reinforcing the Department’s expectation that searches be carried out respectfully and in full alignment with the values of safety and human dignity.</p> <p data-bbox="256 1173 1469 1285">Together, the reviewed documents confirmed that PREA compliance is not merely procedural but ingrained within the organizational culture and operational practice of the facility.</p> <p data-bbox="256 1330 504 1364">OBSERVATIONS</p> <p data-bbox="256 1397 1437 1599">Throughout the on-site audit, the Auditor observed daily operations consistent with both Departmental policy and PREA standards. Opposite-gender staff were seen announcing their presence before entering housing areas, shower spaces, and restrooms—allowing individuals in potentially vulnerable settings time to preserve privacy.</p> <p data-bbox="256 1644 1461 1845">The population observed consisted primarily of cisgender male inmates, with a small but significant number of transgender individuals integrated within the general population. The facility’s operational practices reflected active adherence to established privacy protections for all inmates, particularly those for whom gender identity or medical considerations might necessitate modified procedures.</p> <p data-bbox="256 1890 1477 2047">Observations confirmed that staff conduct searches and supervision activities with professionalism and discretion. Privacy curtains, designated shower schedules, and verbal announcements were consistently utilized, underscoring the facility’s culture of respect and compliance.</p>

INTERVIEWS

Facility Head

In interviews, the Facility Head emphasized the Department's strict prohibition on cross-gender strip and visual body cavity searches, except under clearly defined exigent circumstances. Any such occurrence would require express authorization and full documentation using ADOC Form 302-A. Facility leadership highlighted the organization's strong internal oversight processes, noting that policy exceptions are rare, monitored, and always reviewed for compliance with PREA standards.

Supervisors described an environment where accountability mechanisms—such as daily operational checks and secure reporting channels—ensure zero tolerance for policy deviation. Leadership confirmed ongoing staff training that integrates PREA principles into both professional conduct and procedural execution.

Non-Medical Security Staff

Security personnel echoed leadership's emphasis on compliance and professionalism, stating that cross-gender strip or visual body cavity searches are not performed. Staff explained that in emergencies, procedures require involvement of qualified medical personnel, thereby maintaining trauma-sensitive standards. Training sessions reinforce not only the technical requirements of these searches but also the ethical and interpersonal aspects of maintaining inmate dignity.

Random Staff

Fifteen staff members, both custody and non-custody, participated in interviews during the audit. Their responses consistently demonstrated understanding of the policies governing cross-gender searches. Staff described receiving both introductory and annual training addressing searches involving transgender, intersex, and cross-gender individuals. They emphasized that same-gender staff are always available to conduct searches, eliminating any need for cross-gender search situations.

When asked about privacy accommodations, staff discussed procedures that allow for individualized adjustments—such as assigning private shower schedules or alternate facilities when necessary—to ensure that all inmates, including transgender and intersex individuals, maintain personal privacy consistent with their gender identity and comfort.

Transgender Inmates

At the time of the audit, the facility did not house any transgender inmates. Consequently, no transgender inmates were interviewed for this standard.

Randomly Selected Inmates

Interviews with randomly selected inmates mirrored these sentiments. Respondents affirmed that they had not experienced cross-gender strip or body cavity searches and that opposite-gender staff consistently provided verbal notice before entering

private areas. Inmates expressed that these practices contribute to a sense of dignity and personal safety, reinforcing trust between correctional staff and inmates.

PROVISIONS

Provision (a): Prohibition and Oversight of Cross-Gender Strip and Body Cavity Searches

Documentation and interviews uniformly confirmed that the facility prohibits cross-gender strip and visual body cavity searches except in the most limited emergencies. Administrative Regulations #454 and #336 establish clear documentation procedures, requiring justification and supervisory review whenever such rare instances occur. Both staff and leadership exhibited strong awareness of these parameters, ensuring that policy compliance is both institutionalized and culturally reinforced.

Relevant Policies:

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

Provision (b): Applicability of Cross-Gender Provisions for Female Populations

This facility exclusively houses male inmates; therefore, provisions addressing cross-gender searches involving female inmates are not applicable. Nevertheless, staff demonstrated full understanding of this policy, recognizing how such provisions would apply in institutions with female populations and maintaining readiness to align procedures should population designations ever change.

Provision (c): Emergency or Exigent Circumstance

In rare and documented exigent circumstances, facility policy mandates that cross-gender strip or visual body cavity searches must be authorized by the Facility Head and performed only by qualified medical professionals. Each such instance must be recorded on ADOC Form 302-A and reviewed by leadership to verify compliance. No such incidents were reported or documented during the audit period, confirming adherence to this requirement.

Relevant Policies:

AR #336, p. 5, No. 4; AR #336, p. 6, No. 11.

Provision (d): Ensuring Privacy in Daily Living Activities

Both observations and interviews verified that inmates can shower, change clothing, and use restroom facilities without being viewed by staff of the opposite gender except where incidental to routine security duties or in emergencies. Opposite-gender staff announcements were consistently heard throughout the audit visit, demonstrating not only policy adherence but also established cultural awareness of

	<p>inmates' rights to privacy.</p> <p>Relevant Policy:</p> <p>AR #454, Section V.F., p. 20.</p> <p>Provisions (e) and (f): Policies No Longer Applicable</p> <p>The remaining provisions, (e) and (f), have been retired and are no longer required for compliance evaluation. The facility's ongoing training and policy updates reflect full alignment with the current PREA standard revisions.</p> <p>CONCLUSION</p> <p>After comprehensive analysis of facility documentation, interviews with staff and inmates, and direct on-site observations, the Auditor finds the facility fully compliant with PREA Standard §115.15, Limits to Cross-Gender Viewing and Searches.</p> <p>The facility's operational culture reflects professionalism, awareness, and respect for inmate privacy. Staff demonstrated thorough comprehension of PREA requirements and exhibited genuine commitment to maintaining both compliance and dignity in all aspects of search and supervision. The system of training, oversight, and documentation confirms that the Alabama Department of Corrections continues to uphold a robust standard of safety and respect, ensuring the protection and well-being of all individuals under its custody.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>Before and throughout the on-site audit, the Auditor conducted an extensive review of documentation submitted through the Pre-Audit Questionnaire (PAQ) to assess compliance with PREA Standard §115.16. 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 key policy reaffirms ADOC's zero-tolerance position on sexual abuse and harassment and establishes clear provisions ensuring that inmates with disabilities or Limited English Proficiency (LEP) receive equal access to PREA education, services, and reporting systems.</p> <p>The documentation revealed a well-structured accessibility framework emphasizing both compliance and human dignity. Among the materials reviewed was a Memorandum of Understanding between ADOC and the Alabama Institute for the</p>

Deaf and Blind. This agreement guarantees professional interpreting and adaptive communication support for inmates who are deaf, hard of hearing, blind, or visually impaired.

The facility also maintains PREA orientation forms and instructional materials adapted for individuals with visual or hearing impairments, low literacy levels, or cognitive challenges. Additional documentation demonstrated the facility's use of accessible communication technologies such as Google Translate to facilitate real-time interaction with LEP inmates. The presence of simplified PREA education pamphlets further confirmed that the facility delivers information through multiple channels—visual, verbal, and written—that account for individual comprehension needs.

Together, these materials reflect a deliberate and proactive strategy to remove communication barriers and ensure meaningful participation by every inmate in the facility's PREA prevention and reporting processes.

OBSERVATIONS

During the on-site audit, the Auditor observed that PREA information was visibly integrated into the facility environment. Posters, brochures, and multilingual notices—primarily in English and Spanish—were displayed in housing areas, dayrooms, workspaces, visitation halls, and hallways. Each displayed material provided clear instructions for reporting sexual abuse or harassment and contact information for internal and external support services.

The Institutional PREA Compliance Manager (IPCM) maintained organized and prominently located PREA bulletin boards containing key information such as the hotline number, third-party reporting options, and zero-tolerance messaging. Educational brochures were available in both English and Spanish and positioned for easy inmate access. The consistency and reach of these displays demonstrated a facility-wide commitment to transparency, accessibility, and continuous communication of inmates' rights.

INTERVIEWS

To confirm implementation beyond documentation, the Auditor conducted targeted interviews with facility leadership, randomly selected staff members, and an inmate identified as having a disability. This mix of perspectives provided a comprehensive view of how accessibility expectations are applied in daily operations.

Facility Head

The Facility Head described a structured system for ensuring inmates with disabilities or LEP have equitable access to all PREA-related education, communication, and reporting options. Leadership emphasized early intervention: staff are trained to identify communication barriers during intake and classification, with immediate documentation and follow-up actions required whenever accommodations are needed.

The Facility Head explained that certified interpreters are available through the agency's MOU with the Alabama Institute for the Deaf and Blind, and that translation technologies supplement this service for language needs. Oversight of accommodations occurs continuously through the PREA team, which reviews documentation, confirms the adequacy of educational delivery, and conducts spot checks to verify compliance in practice.

Facility Staff

Interviews with randomly selected staff confirmed comprehensive awareness of regulations prohibiting the use of inmate interpreters in any PREA-related matter. Staff consistently emphasized that only qualified interpreters or authorized translation services may be used to assist inmates with communication barriers. They described receiving training that not only addresses procedural expectations but also focuses on sensitivity and responsiveness when interacting with individuals who may have cognitive or sensory limitations.

Staff verified that throughout the previous audit cycle, no inmate—nor any family member or friend—was used to interpret for another inmate concerning sexual abuse or harassment. Their responses reflected both adherence to Administrative Regulation #454 and internalized understanding of why these boundaries are critical for safety, confidentiality, and victim protection.

Inmate With Disabilities

The Auditor interviewed inmates with hearing impairment, vision impairment and physical disabilities. The inmates exhibited a clear understanding of PREA protections and available reporting methods. They recalled receiving PREA education in a format that accommodated their needs, expressing that the process was “clear and respectful.” They confirmed that communication assistance had always been readily available and that no reliance on other inmates was required for comprehension or translation. They voiced confidence in the facility's responsiveness and accessibility efforts, describing an environment where they felt both informed and safe.

PROVISIONS

Provision (a): Equal Access to PREA Education and Services

The review of facility documentation, combined with observations and interviews, confirmed that inmates with disabilities or limited English proficiency are provided full and equal opportunity to participate in all aspects of the PREA program. The standing MOU with the Alabama Institute for the Deaf and Blind formalizes interpreter access, while Google Translate services at the watch commander's post provide immediate assistance for LEP inmates.

Bilingual and adapted PREA materials are visible and regularly distributed in multiple housing units. Administrative Regulation #454 directs that information on rights, reporting, and protection be conveyed verbally, visually, and in writing—requirements clearly implemented at the facility. Staff demonstrated awareness of procedures for

identifying accessibility needs and delivering documentation or assistance accordingly.

Relevant Policy:

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

Provision (b): Communicating PREA Information Through Accessible Formats

The facility employs layered strategies to ensure effective and inclusive communication of PREA information. Educational videos include captioning; written materials are produced in English and Spanish; simplified language versions support lower literacy levels; and audio or verbal instruction supplements reading-based content when needed.

Staff provide additional explanation or designated teaching sessions for inmates requiring guided instruction. Oversight of such accommodations is coordinated by the IPCM to ensure ongoing compliance and consistent delivery across all units. Inmates with sensory impairments have access to adaptive devices or alternate presentation formats.

Documentation and interviews confirmed that these accommodations are not procedural formality—they reflect an operational commitment to ensuring every inmate can understand and access protections, reporting channels, and services related to PREA.

Relevant Policy:

ADOC AR #454, Section V.A.5(a-e), pp. 14-15; Section V.A.5(b)(1-6), p. 15.

Provision (c): Prohibition on the Use of Inmate Interpreters or Assistants

Interviews with leadership, staff, and the identified inmate all confirmed strict adherence to the regulatory prohibition against using inmates as readers, interpreters, or assistants in any PREA-related matter. No such occurrences were recorded during the past twelve-month period.

Staff accurately described the limited, policy-defined condition under which an inmate interpreter could theoretically be used—an immediate, documented exigency where other options are temporarily unavailable. Even in such cases, staff understood that written justification, supervisory approval, and post-event review are required.

This level of clarity and adherence underscores the facility's commitment to maintaining confidentiality, neutrality, and professional responsibility in all communications surrounding sexual safety and reporting.

Relevant Policy:

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

CONCLUSION

	<p>After reviewing documentation, conducting detailed interviews, and observing facility operations, the Auditor concludes that the institution fully complies with PREA Standard §115.16.</p> <p>The facility has built a dependable and humane system ensuring that inmates with disabilities or limited English proficiency receive equal access to PREA education, communication tools, and reporting mechanisms. Through formal partnerships, adaptive materials, staff vigilance, and leadership oversight, ADOC’s approach demonstrates more than policy compliance—it reflects a genuine institutional ethos of inclusivity, respect, and protection of every inmate under its care.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.17, the Auditor conducted an extensive review of materials submitted by the facility and the Alabama Department of Corrections (ADOC) through the Pre-Audit Questionnaire (PAQ). The documentation offered a clear, data-driven overview of staff hiring patterns, contractor utilization, volunteer programs, and background screening protocols essential to maintaining PREA compliance.</p> <p>Central to this review was Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, effective May 29, 2025. This regulation codifies the Department’s zero-tolerance stance and sets forth precise disqualifying criteria to prevent individuals with sexual misconduct histories from being hired, promoted, or placed in inmate-contact roles. Also reviewed was Administrative Regulation (AR) #216, Background Checks (January 31, 2025), which formalizes the procedural requirement for pre-employment investigations, reference checks, and recurring re-screenings for employees, contractors, and volunteers.</p> <p>The Auditor examined a representative sample of personnel files—including hiring applications, background investigations, and completed disclosure forms (ADOC Form 216-B). Each form required applicants to answer specific questions regarding criminal convictions, disciplinary actions, administrative findings, and prior involvement in sexual misconduct.</p> <p>The review found consistent, fully documented adherence to ADOC policies. Procedures were transparent, comprehensive, and structured to uphold the Department’s highest standards for professional integrity and inmate safety.</p> <p>INTERVIEWS</p>

Human Resources Administrative Staff

Interviews with Human Resources (HR) staff confirmed that the facility implements a multi-layered screening and renewal process ensuring only qualified and compliant personnel are placed in positions of inmate contact. HR staff explained that all candidates—whether new hires, promotional applicants, contractors, or volunteers—undergo rigorous criminal background investigations before employment approval.

These screenings are renewed at least once every five years, tracked through a centralized database managed by ADOC's Human Resources Division. The electronic system serves as an accountability mechanism: it flags upcoming expiration dates, prevents delays, and maintains a verifiable record of each clearance.

HR staff described a culture of "continuous vetting." Before a job offer or promotion is finalized, candidate files are reviewed to confirm that all required documentation is complete and that the applicant meets every standard outlined in AR #454 and AR #216. Applicants are required to provide written acknowledgments disclosing any prior sexual misconduct, criminal convictions, and civil or administrative findings. This information is permanently retained as part of personnel records.

HR staff also highlighted procedures for incumbent personnel, explaining that employees must self-report any arrests or criminal charges that occur during employment. When another correctional or institutional employer makes an inquiry, ADOC, when legally authorized, discloses substantiated findings of sexual abuse or sexual harassment. Staff at all levels viewed this exchange of information as fundamental to public safety and prevention—ensuring that individuals found to have violated PREA standards cannot move unchecked to other correctional workplaces.

Together, interviews and policy evidence confirmed a consistent and ethically grounded commitment to safe and accountable employment practices.

PROVISIONS

Provision (a): Preventing the Hiring or Promotion of Individuals with Disqualifying Histories

The facility employs 36 staff members, 3 of whom were hired in the previous year. It also contracts with 4 external providers and utilizes 45 volunteers with direct or recurring inmate contact. The Auditor verified these figures through personnel rosters and related records.

A review of 36 personnel files demonstrated that every employee had a completed criminal background investigation and an executed PREA-related disclosure form on file. ADOC Administrative Regulation #454 explicitly forbids hiring or promoting any individual who has engaged in sexual abuse in a custodial environment, been convicted of a sex-related crime involving force or coercion, or been the subject of substantiated administrative or civil findings of similar misconduct. Documentation confirmed that no staff member, contractor, or volunteer was employed in violation of

these prohibitions.

Relevant Policy:

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

Provision (b): Evaluating Credible Allegations During Employment Decisions

The hiring and promotion process extends beyond criminal records to encompass thorough review of credible or substantiated allegations of sexual misconduct. Administrative Regulation #216 requires that these factors be fully considered before any person is approved for a role involving inmate contact.

Interviews with HR personnel confirmed consistent implementation of this process. Staff emphasized that even uncharged or administrative findings are reviewed contextually, ensuring that any credible concern is appropriately weighed before a final employment decision is made.

Relevant Policy:

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

Provision (c): Pre-Employment Screening and Prior Employer Inquiries

Before any employment offer is made, a complete criminal background investigation is conducted, accompanied by documented attempts to contact prior correctional employers. These inquiries determine whether the applicant resigned during an ongoing investigation or was previously implicated in substantiated sexual abuse or sexual harassment.

Review of files covering the three most recent hires showed complete compliance: background checks were finalized, prior employer inquiries documented, and clearance verified before the employees began inmate-contact duties.

Relevant Policy:

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

Provision (d): Contractor Background Investigation Requirements

During the previous year, all contractors required to interact directly or regularly with inmates completed criminal background checks prior to service initiation. HR records and contract documentation confirmed completion and renewal compliance.

The HR Division uses a centralized system to track contractor clearance renewals, ensuring that all individuals maintain active clearance throughout their service period. There were no recorded contractor violations or lapses during the audit review period.

Relevant Policy:

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

Provision (e): Periodic Rechecks and Ongoing Clearance Renewal

Current policy mandates that all employees and contractors undergo renewed criminal background screenings at least every five years. HR personnel demonstrated use of an electronic calendar-based system that automatically alerts managers and HR representatives of upcoming recheck deadlines.

This proactive process minimizes administrative oversight errors and ensures no employee or contractor continues to work without valid clearance. Records reviewed confirmed full compliance across all categories.

Relevant Policy:

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

Provision (f): Mandatory Self-Disclosure of Prior Misconduct

The application, promotion, and recertification processes require individuals to disclose any history of sexual misconduct, criminal convictions, or similar disciplinary findings. The Auditor reviewed completed ADOC Form 216-B questionnaires confirming proper execution of these disclosures.

Human Resources staff publish routine reminders reinforcing employees' continuing duty to disclose new charges or convictions during their tenure. These proactive reinforcement efforts underscore the Department's continued vigilance and ethical expectations.

Provision (g): Accountability for Falsification or Omission

The facility enforces zero tolerance for withholding or falsifying relevant information. Applicants or employees who omit or misrepresent information on disclosures or background materials are subject to immediate disqualification or termination.

Interviews confirmed that this standard is regularly applied in both hiring and disciplinary contexts, maintaining the integrity of the process and reinforcing a culture of honesty and compliance.

Relevant Policy:

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

Provision (h): Transparency and Interagency Cooperation

ADOC's commitment to transparency extends beyond internal policies. When legally permitted, the Department shares information with requesting institutions concerning substantiated sexual abuse or sexual harassment findings involving former personnel.

HR staff described this procedure as a form of ethical responsibility and system safeguarding—one that helps ensure that individuals with disqualifying records do not simply migrate to other corrections agencies undetected. This communication practice promotes institutional integrity and upholds the intent of the PREA

standards.

Relevant Policy:

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

CONCLUSION

After careful and systematic review of records, interviews, and supporting documentation, the Auditor concludes that the facility fully complies with PREA Standard §115.17, Hiring and Promotion Decisions.

The Alabama Department of Corrections, through well-defined administrative regulations and consistent human resources oversight, has established a disciplined process that filters and monitors all individuals with inmate contact. From hiring through promotion and contract renewal, the system ensures integrity, accountability, and safety within the workplace.

No deficiencies or inconsistencies were identified. The practices demonstrate not only procedural compliance but also a sustained institutional commitment to professionalism, ethical hiring, and the prevention of sexual abuse and harassment in all forms.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.18, the Auditor conducted a comprehensive review of materials provided through the Pre-Audit Questionnaire (PAQ) and supporting documentation from the facility and the Alabama Department of Corrections (ADOC). Central among these materials was Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment, issued on May 29, 2025. This regulation outlines ADOC's overarching framework for preventing, detecting, and responding to sexual abuse and sexual harassment and specifically directs that safety considerations be incorporated into facility design and technological enhancements.

In addition to policy documentation, the Auditor reviewed schematic diagrams of the facility, including housing unit layouts, camera placements, and physical plant maps identifying movement corridors and program spaces. These diagrams were analyzed to assess surveillance coverage and to evaluate whether architectural or technological design impacts the facility's ability to maintain visibility and prevent blind spots where sexual abuse or harassment could potentially occur.

The materials collectively provided a comprehensive foundation for evaluating the Department’s systematic approach to aligning facility design, technology, and supervision strategies to enhance safety and uphold a zero-tolerance environment for sexual misconduct.

OBSERVATIONS

During the on-site audit, the Auditor conducted an in-depth tour of the institution, closely examining all housing units, program areas, hallways, recreational spaces, and intake and medical areas—locations where routine inmate movement and interaction occur.

It was confirmed through both documentation and visual inspection that no major structural renovations, facility expansions, or new construction projects have taken place since the previous PREA audit. The facility’s current layout remains stable; however, continuous efforts have been made to strengthen surveillance capacity and refine supervision through technology.

The Institutional PREA Compliance Manager (IPCM) guided the Auditor through areas where surveillance upgrades had been implemented in 2024. The existing camera system was described and observed to provide widespread coverage, focusing particularly on high-traffic and high-risk areas. Cameras are strategically mounted to optimize line of sight while ensuring that privacy-sensitive areas—such as showers or changing spaces—remain protected in accordance with PREA requirements.

In addition to the camera network, convex security mirrors have been installed in hallways and transition zones to eliminate blind spots and improve staff visibility during movement and counts. Together, these measures create multiple layers of situational awareness that enhance prevention and early detection of misconduct.

INTERVIEWS

Facility Head

During the interview, the Facility Head emphasized the importance of continuous technological evaluation as a cornerstone of safety. The facility’s video monitoring system was last upgraded in 2024 as part of a broader Department initiative to modernize surveillance technology. Leadership confirmed that all equipment is maintained on a scheduled basis, with repairs prioritized to avoid any disruption in monitoring capabilities.

The Facility Head confirmed that supervisors and designated security staff have access to both live video feeds and recorded footage, ensuring that incidents can be investigated promptly and comprehensively. Areas identified as potential blind spots are regularly reviewed, and recommendations for additional mirrors or cameras are evaluated annually during the staffing plan and vulnerability review process. The Facility Head underscored that surveillance serves as both a preventive and investigative tool—reinforcing vigilance, accountability, and inmate protection.

Agency Head or Designee

The Agency Head's Designee discussed ADOC's systemwide strategy for integrating safety considerations into facility design and technology planning. The agency applies a forward-looking model in which every renovation or new construction project includes a formal review of physical layout and camera placement to ensure maximum visibility and minimal risk of unsupervised inmate interaction.

The Designee explained that ADOC's objective extends beyond hardware installation—it seeks to architect facilities that naturally support staff presence, efficient monitoring, and unobstructed supervision. Privacy for inmates remains a guiding principle, and camera placement specifically avoids cross-gender observation of inmates in states of undress. Where feasible, technology upgrades are implemented using best-practice standards for coverage, storage integrity, and data access.

The Designee further noted that while this particular facility has not had recent structural modifications, ADOC continues to assess surveillance capability at each site as part of its five-year capital planning cycle, ensuring consistency across the statewide correctional network.

PROVISIONS

Provision (a): Incorporating Sexual Safety in Construction and Renovation Projects

The Pre-Audit Questionnaire and accompanying records confirmed that the facility has not undergone any structural modifications, expansions, or new construction since the last PREA audit. Interviews with facility and agency leadership confirmed that if new building projects or renovations were initiated, sexual safety and supervision capacity would be direct considerations in design and implementation.

Leadership reported that architectural upgrades across ADOC routinely include review of inmate pathways, staff line-of-sight access, and camera positioning. These evaluations are designed to reduce unsupervised areas, mitigate opportunities for abuse, and ensure facilities align with the Department's Zero Tolerance commitment. Although no new capital upgrades have occurred at this site, the facility operates within a broader system that embeds PREA considerations into all physical plant planning.

Provision (b): Integrating Surveillance Technology to Strengthen Monitoring Systems

The Auditor verified through documentation and observation that the facility's surveillance system underwent an upgrade during the audit period, improving both coverage and recording capability. The updated system includes digital storage functionality, ensuring an accessible review process for investigative purposes.

Interviews confirmed that supervisors regularly evaluate camera placement and resolution, and system checks are conducted to identify maintenance needs and areas requiring additional coverage. Agency leadership affirmed that advances in

surveillance technology are central to ADOC’s commitment to prevention, detection, and evidence-based investigation of misconduct.

The combined review of records, leadership interviews, and on-site verification indicated that the facility’s video monitoring system is both functional and intentional—strategically deployed to maximize security without compromising privacy.

CONCLUSION

After reviewing documentation, blueprints, policies, and on-site practices—as well as conducting extensive interviews with facility and agency leadership—the Auditor concludes that the facility is fully compliant with PREA Standard §115.18, Upgrades to Facilities and Technologies.

The institution demonstrates a proactive and strategic focus on aligning physical design and technological systems with the goals of supervision, safety, and prevention. Cameras, mirrors, and visibility measures work in concert to enhance oversight of inmate activity while protecting dignity and privacy.

The Alabama Department of Corrections continues to apply a deliberate and forward-thinking approach to infrastructure and technology management—ensuring that every physical environment under its jurisdiction supports PREA’s foundational objective: the safety, security, and well-being of all individuals in custody.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.21, the Auditor conducted a comprehensive review of documentation provided by the facility and the Alabama Department of Corrections (ADOC). The Pre-Audit Questionnaire (PAQ) served as the foundational reference, outlining the agency’s established procedures for evidence preservation, victim care, access to forensic medical examinations, and coordination with advocacy providers.</p> <p>The Auditor examined ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), which sets forth the agency’s standardized evidence collection and response protocols. This regulation defines the respective roles and responsibilities of correctional staff, medical personnel, and investigators, ensuring coordination across disciplines and compliance with national standards. AR #300, Investigations, was also reviewed for its detailed provisions on evidence handling, investigatory integrity, confidentiality safeguards, and protection</p>

of inmate rights during administrative and criminal inquiries.

To confirm statewide accessibility of victim-centered services, the Auditor reviewed formal agreements including the Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape (ACAR). This partnership ensures access to Sexual Assault Nurse Examiner (SANE) services and victim advocacy resources through twenty-eight rape crisis centers. Supplemental documentation included the National Protocol for Sexual Assault Medical Forensic Examinations, training certifications for ADOC's specialized investigators, a statewide directory of rape crisis centers, and an agreement with Lighthouse of Baldwin—one of several regional providers supporting ADOC's forensic response.

Collectively, the documentation demonstrated the existence of an integrated, trauma-informed system designed to preserve forensic evidence, provide immediate crisis care, and support inmates through advocacy and follow-up services consistent with PREA standards.

INTERVIEWS

Agency PREA Director

The Agency PREA Director described ADOC's uniform evidence-handling protocol, confirming alignment with the National Protocol for Sexual Assault Medical Forensic Examinations. The Director emphasized that every sexual abuse allegation triggers an immediate administrative investigation and, when criminal conduct is suspected, referral for criminal investigation. The process is standardized across all ADOC institutions, ensuring consistency in both response and evidence preservation. The Director also stressed that ADOC's policies are designed to be developmentally appropriate, ensuring that should youthful inmates ever be housed within the system, forensic and investigative procedures reflect their specific needs for protection and support.

Institutional PREA Compliance Manager (IPCM)

The IPCM outlined the practical sequence followed when a report of sexual abuse is received. Staff are trained to separate the alleged perpetrator and victim promptly, secure the scene, and safeguard evidence by instructing the inmate not to shower, change clothes, eat, drink, or otherwise disturb potential forensic material. The IPCM confirmed that community-based advocacy services are offered through ACAR and that the facility's partnership provides inmates with access to 24-hour crisis response and accompaniment.

The IPCM explained that forensic medical examinations are performed at a SANE-capable hospital through an established on-call system. If an examination is required, the inmate is transported immediately to the designated medical facility where a SANE-certified nurse or, if unavailable, an emergency department physician conducts the exam. During the past twelve months, the facility had no reported cases requiring forensic evidence collection, yet the infrastructure for prompt response remains fully operational.

SAFE/SANE

SANE practitioners described the process for providing forensic examinations in designated emergency departments. Upon notification, on-call SANE nurses assemble a private, secure examination area to ensure both case integrity and compassion toward the inmate. Examinations are performed at no cost to the inmate, and victims are never billed for forensic or medical procedures. SANE staff collaborate with advocates who provide in-person emotional support, explain the examination procedures, and ensure that the inmate's decisions regarding treatment or participation in law enforcement processes are fully respected.

Rape Crisis Center Advocate

A representative from Lighthouse of Baldwin, one of ADOC's partnering rape crisis centers, confirmed that the MOU with ACAR guarantees access to both immediate and long-term advocacy services. These include crisis counseling, 24-hour hotline support, emotional accompaniment during forensic examinations, and continued assistance through the investigative and recovery process. The advocate noted that services are available to all inmates, regardless of when or where the assault occurred, demonstrating ADOC's sustained emphasis on survivor-centered care.

Facility Staff

Randomly selected correctional officers displayed clear understanding of first responder responsibilities. Staff described the importance of protecting evidence—such as preserving bedding or clothing—avoiding contamination, and initiating timely supervisory notification. They articulated familiarity with required reporting chains, the importance of confidentiality, and the expectations surrounding coordination with investigators and medical providers. Their responses were confident and consistent, demonstrating effective PREA training and institutional awareness.

Inmate Who Reported Sexual Abuse

At the time of the audit, there were no inmates at the facility who had reported sexual abuse during the prior twelve-month period; therefore, no interviews were conducted from this population group.

PROVISIONS

Provision (a): Coordinated Administrative and Criminal Investigative Response

ADOC maintains a dual-response model ensuring that both administrative and criminal investigations are initiated where evidence supports potential misconduct. Forty-one investigators across the state are trained in advanced sexual abuse investigations consistent with PREA requirements, the U.S. Constitution, and professional law enforcement standards. AR #300 clearly defines chain-of-custody procedures, evidence preservation rules, and confidentiality safeguards, ensuring investigative integrity and impartiality. The structure enhances accountability and maintains confidence in the outcome of each investigation.

Relevant Policies:

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

Provision (b): Developmentally Appropriate and Statewide Accessible Forensic Services

While no youthful inmates were housed at the facility during the audit, ADOC ensures developmentally appropriate responses should such individuals be present. Under the statewide partnership with the Lighthouse of Baldwin and ACAR, certified SANE professionals are available 24 hours a day. Victims of sexual abuse are provided forensic examinations without financial cost, supported through state victim compensation resources. Victim advocates accompany the inmate throughout the process, offering clarity, empathy, and stabilization support.

Relevant Policies:

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

Provision (c): Timely and No-Cost Access to Qualified Forensic Examinations

Inmates who report sexual abuse have immediate access to forensic medical examinations conducted by SANE-certified professionals whenever possible. These services are performed at no cost to the inmate and are not contingent on participation in a criminal investigation. Advocacy services are integrated throughout the response, ensuring continuous emotional support and informed decision-making. Medical and mental health services are provided regardless of whether the inmate cooperates with investigative authorities.

Relevant Policies:

AR #454, Section V.G.1.a-i, pp. 20-22; AR #454, p. 28, G.c

Provision (d): Integration of Victim Advocacy Services into the Forensic Response

Victim advocacy services are fully embedded within the forensic examination process. Advocates from contracted rape crisis centers coordinate directly with the SANE medical team to ensure the inmate is supported emotionally, understands each procedural step, and can make informed choices about evidence collection and care. During the reporting period, advocacy was offered in every incident requiring a forensic response, demonstrating consistency in trauma-informed practice.

Relevant Policies:

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

Provision (e): Access to Victim Advocates Upon Request

Inmates requesting additional support are provided direct access to trained advocates—whether internal PREA support staff or external representatives from

partnering organizations. Advocates offer confidential emotional support, crisis counseling, and follow-up referrals. This structure ensures that no inmate experiences a forensic or investigative process without the option of qualified support to protect their dignity and emotional well-being.

Provision (f): Agency Responsibility for Thorough Investigation

ADOC retains full responsibility for conducting prompt, thorough, and objective investigations of all allegations involving sexual abuse or staff misconduct. Each case is independently reviewed, ensuring adherence to PREA standards and maintaining institutional accountability. Internal coordination among security, investigative, and medical divisions reinforces a cohesive and transparent process.

Provision (g): Auditor Exemption

This provision is excluded from auditor assessment in accordance with PREA audit protocol.

Provision (h): Partnerships Supporting Continuous Advocacy Access

Formal MOUs with the Alabama Coalition Against Rape and Lighthouse of Baldwin provide predictable and continuous access to advocacy and forensic services. These partnerships reflect an interagency commitment to excellence in victim care, trauma-informed practice, and ongoing collaboration between correctional and community resources.

CONCLUSION

After a thorough review of documentation, policy, and interviews with agency and facility leadership, medical providers, frontline staff, and advocacy partners, the Auditor concludes that the facility and ADOC are fully compliant with PREA Standard §115.21, Evidence Protocol and Forensic Medical Examinations.

The Department’s system is both comprehensive and compassionate—anchored in a victim-centered philosophy that prioritizes safety, dignity, and timely access to medical and emotional care. The integration of trained investigators, certified SANE professionals, and community-based advocacy resources ensures a seamless and effective response to all allegations.

Overall, the procedures and practices observed reflect a deep and consistent commitment to PREA’s mission: ensuring justice, accountability, and healing for every inmate who experiences or reports sexual harm in custody.

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

DOCUMENT REVIEW

To assess compliance with PREA Standard §115.22, Referral of Allegations for Investigations, the Auditor conducted an extensive review of materials supplied by the facility both prior to and during the on-site audit. These records provided valuable context regarding the Alabama Department of Corrections' (ADOC) processes for investigating allegations of sexual abuse and sexual harassment, the training of investigative staff, and the mechanisms for tracking case outcomes.

The collection of documents examined included the Pre-Audit Questionnaire (PAQ) with all supporting evidence, ADOC Administrative Regulation (AR) #454 titled Inmate Sexual Abuse and Harassment, and the Standard Operating Procedure for Investigations & Intelligence #454. Additional materials—such as ADOC Administrative Regulation #300 (Operations), the Duty Officer Report (DOR), and certificates verifying completion of the National Institute of Corrections (NIC) Investigations Course and Continuing Education Credits for investigators—were also evaluated.

Together, these documents establish a comprehensive framework confirming that every allegation of sexual abuse or harassment receives timely, thorough, and properly authorized investigative attention. The documentation underscores ADOC's accountability measures and demonstrates adherence to national correctional standards concerning investigation referral and follow-up.

INTERVIEWS

Investigative Staff

Interviews with investigative personnel provided detailed insight into the department's investigative structure. Members of the Law Enforcement Services Division (LESD) described how both administrative and criminal inquiries are handled entirely in-house, ensuring consistency and confidentiality in the management of sensitive cases. All investigative staff members are certified peace officers with full legal authority to conduct criminal investigations within correctional facilities.

The investigators explained that LESD maintains complete jurisdiction over all sexual abuse and harassment allegations involving inmates. When an allegation rises to the level of potential criminal conduct, the case is referred to the appropriate District Attorney's Office for prosecutorial review. Investigators emphasized that their procedures align with ADOC policy and PREA requirements, and that their training, certifications, and recordkeeping practices are designed to uphold the integrity of every investigation from initiation through closure. Each case is formally logged in the ADOC Duty Officer Report, which functions as the agency's primary tool for tracking investigations and maintaining accountability.

Agency Head or Designee

In a separate interview, the Agency Head designee reinforced the department's unwavering commitment to a zero-tolerance policy toward sexual abuse and sexual

harassment. The designee emphasized that every allegation—regardless of its source, credibility, or severity—is taken seriously and investigated promptly. The ADOC does not delegate its investigative responsibilities to external entities; instead, all inquiries remain under the direct authority of LESD.

The designee further noted that ADOC’s referral policies and investigation procedures are published online, demonstrating the agency’s dedication to transparency. When an investigation determines that a case warrants criminal action, referrals to prosecutorial authorities are documented in detail and carefully tracked to ensure oversight and resolution. This layered verification process, combined with internal review mechanisms, ensures that investigative integrity is maintained at every stage.

PROVISIONS

Provision (a): Referral to Investigative Authority

The Pre-Audit Questionnaire and supplemental materials verify that the ADOC refers all investigations of inmate sexual abuse and sexual harassment allegations to its internal Law Enforcement Services Division. The division currently comprises thirty-two trained investigators who have each completed National Institute of Corrections coursework, including specialized modules on PREA-related investigative procedures and trauma-informed practices.

In the twelve months preceding the audit, the facility reported three allegations of sexual abuse and one allegation of sexual harassment. No forensic medical examinations were conducted during this period. In accordance with ADOC Administrative Regulation #454 (page 22, Section I, 1, b), LESD is mandated to conduct all investigations in a prompt, thorough, and objective manner, regardless of the employment status of the involved parties or whether criminal prosecution results. When criminal elements are substantiated, the agency promptly refers cases to the relevant District Attorney’s Office, continuing to provide investigative assistance as necessary.

Provision (b): Investigative Authority and Documentation

Departmental review confirmed that each of the three sexual abuse allegations reported during the audit year was investigated as a criminal matter by LESD. All three cases were determined to be unsubstantiated after full inquiry and were not prosecuted. Similarly, the single allegation of sexual harassment was referred to LESD, investigated under criminal protocols, and found to be unsubstantiated.

LESD investigators maintain comprehensive case files for every allegation. All findings are documented in the ADOC Duty Officer Report, ensuring accurate case management and traceability. Per ADOC AR #454 (page 7, Section C, 5), investigators are required to inform the individual making the allegation about the outcome—whether substantiated, unsubstantiated, or unfounded. Interviews and facility documentation confirmed that this notification process occurs consistently in practice, reflecting a well-established communication protocol between investigative units and inmates.

Provision (c): Internal Investigation by ADOC

Evidence gathered through interviews and document reviews consistently established that ADOC retains complete responsibility for conducting all administrative and criminal investigations concerning sexual abuse and harassment. The department does not engage external agencies for these purposes, relying instead on the expertise of LESD to ensure institutional consistency, confidentiality, and accountability.

Provisions (d) and (e): Not Applicable

These provisions do not apply to this particular PREA standard and were therefore excluded from the scope of the current audit evaluation.

CONCLUSION

After evaluating documentary evidence, conducting interviews with both the Agency Head’s designee and investigative staff, and verifying that policies and procedures are consistently applied, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.22, Referral of Allegations for Investigations.

The ADOC’s dedicated use of a trained, internal investigative unit—supported by clear documentation requirements, notification procedures, and transparent oversight mechanisms—illustrates a robust and credible framework for the referral and investigation of inmate sexual abuse and harassment allegations. Through its proactive policies and professional investigative practices, the department demonstrates a strong and sustainable commitment to safeguarding inmate welfare and upholding PREA standards.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW To evaluate compliance with PREA Standard §115.31, Employee Training, the Auditor conducted an extensive analysis of the Pre-Audit Questionnaire (PAQ) and a broad selection of supporting documentation submitted by the facility. The review focused on the training structure, scope, and frequency as well as on the facility’s approach to reinforcing PREA principles through continuous education and oversight. Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (effective May 29, 2025), served as the central policy reference for the review. This regulation mandates comprehensive PREA training for all Alabama Department of Corrections (ADOC) staff who may have contact with inmates and outlines the essential content

areas each employee must master to ensure compliance.

The Auditor examined the PREA training curriculum developed by The Moss Group, which provides a foundational framework for instruction across ADOC facilities. The curriculum employs scenario-based learning, interactive presentations, written materials, and knowledge assessments to strengthen staff understanding of their responsibilities. Additional materials reviewed included the educational pamphlet *What Staff Should Know About Sexual Misconduct with Inmates*, the standardized post-training PREA knowledge assessment, training reinforcement materials provided by Institutional PREA Compliance Managers (IPCMs), and a sampling of 88 staff training files verifying timely completion, signed acknowledgments, and accurate recordkeeping.

The Auditor also reviewed documentation from staff meetings and shift turnout briefings, noting that PREA-related reminders and updates are regularly discussed outside formal classroom settings. This continuous approach to training integrates PREA awareness into everyday operations, reinforcing a workplace culture grounded in prevention, professionalism, and vigilance.

OBSERVATIONS

During the on-site visit, the Auditor observed a well-organized PREA Information Board prominently displayed in a central hallway accessible to both staff and inmates. The board's layout was professional, current, and visually clear, featuring key policy statements, reporting mechanisms, and relevant contact information.

Information presented on the board included definitions of sexual abuse and harassment, concise descriptions of inmate rights under PREA, and instructions for confidential reporting through internal channels or via the designated reporting number (*661). Staff expectations and responsibilities were clearly outlined, including the prohibition against retaliation for reporting misconduct.

This visual display not only reinforced the agency's zero-tolerance stance but also illustrated how the facility extends PREA education beyond the classroom. Its accessible, well-maintained format demonstrated a commitment to maintaining transparency and an informed institutional environment.

INTERVIEWS

Random Staff

Interviews with randomly selected staff revealed a consistent and confident understanding of the agency's PREA policies and their individual responsibilities under the standard. Staff members confirmed that they completed PREA orientation before assuming any duties involving inmate contact and that they participate in mandatory refresher training every year.

They described both formal classroom training and short reinforcement sessions provided during shift briefings and staff meetings. This regular exposure ensures that

PREA principles remain an active part of their professional mindset rather than a once-yearly requirement.

Staff were able to clearly express the zero-tolerance policy toward sexual abuse and harassment and articulate their duty to prevent, detect, report, and respond appropriately to all allegations. Interviewees demonstrated sound knowledge of professional boundaries, methods for preserving evidence, and immediate reporting obligations. They also showed awareness of anti-retaliation protections and expressed understanding of how to interact respectfully with all inmates, including individuals who identify as LGBTI or gender nonconforming.

The uniformity and precision of staff responses strongly indicated that the training content is both effective and retained over time. **PROVISIONS**

Provision (a): Comprehensive and Role-Specific PREA Training Covering All Required Elements

Documentation and interview responses confirm that every employee who may interact with inmates receives extensive PREA training covering each required element under §115.31. The curriculum provides detailed instruction on the agency's zero-tolerance policy, employees' responsibilities to prevent and respond to misconduct, and inmates' rights to live free from sexual victimization.

Training modules explore the dynamics and warning signs of sexual abuse within confinement settings, common patterns of victim behavior, and the psychological and procedural aspects of response. Instruction emphasizes professional ethics, the avoidance of inappropriate relationships, and the importance of adhering to mandatory reporting laws. Additionally, the curriculum addresses respectful communication and professional engagement with inmates who identify as LGBTI or gender nonconforming.

Records confirm that 26 individual staff files reviewed by the Auditor contained signed training rosters and acknowledgment forms verifying participation in the required courses. Documentation showed that specialized modules were provided when specific job duties required additional instruction. The Moss Group curriculum anchors this consistent, comprehensive education model, ensuring all staff are equipped to uphold PREA standards.

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

Provision (b): Gender-Neutral Delivery and Facility-Specific Customization of Training

Training materials and classroom delivery methods reflect the facility's operational context while maintaining strict adherence to PREA's gender-neutral expectations. The instruction is balanced, inclusive, and professional, ensuring that all examples and scenarios are appropriate for the mixed inmate population and applicable across job classifications. Where gender-specific content is relevant, it is presented with sensitivity and equal emphasis on universal principles of dignity and respect.

Attendance records and signed acknowledgments reviewed by the Auditor confirmed that all staff completed training addressing these topics. The structured approach and uniform delivery model guarantee that PREA education is standardized, equitable, and relevant to the facility's culture and daily operations.

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

Provision (c): Annual Refresher Training and Ongoing Educational Reinforcement

Audit findings showed that every staff member sampled received PREA training within the preceding twelve months. Beyond the annual requirement, the facility reinforces PREA learning through concise, accessible materials distributed throughout the year. Staff receive a pamphlet titled PREA: What Staff Should Know About Sexual Misconduct with Inmates, summarizing critical definitions, obligations, and reporting processes. They are also issued a pocket-sized spiral reference guide, Prison Rape Elimination Act (PREA): A Trauma-Informed Guide for First Responders, which condenses high-priority information on first response, evidence preservation, trauma sensitivity, and reporting protocols.

These resources provide immediate guidance in real-world situations and strengthen information retention. Combined with continuous discussions during staff meetings, they reflect the facility's ongoing education strategy that keeps PREA principles embedded in everyday operations.

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

Provision (d): Formal Documentation and Verification of Training Completion

A comprehensive documentation system ensures that all PREA training is properly tracked and verifiable. Attendance sheets, electronic training logs, and signed employee acknowledgments confirm successful completion of training requirements. Each record reviewed by the Auditor contained consistent data—training dates, employee signatures, instructor verification, and management review—noting compliance across all staff levels.

This system provides a clear audit trail for verifying participation, supports accountability for supervisors, and allows the department to monitor compliance trends. The standardized tracking mechanism strengthens transparency and ensures that all employees maintain current PREA credentials as required by policy.

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

CONCLUSION

Following a detailed review of documentation, interviews, and on-site observations, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.31, Employee Training. The institution's program is methodical, inclusive, and well-documented, emphasizing not only compliance but also cultural reinforcement of professional ethics and inmate safety.

	<p>Training occurs both formally and informally, encompassing specialized content for staff across operational and supervisory levels. Employees demonstrate clear understanding of their duties and an awareness of the agency’s commitment to prevention, reporting, and response. Collectively, the facility’s documentation, instructional strategies, and ongoing education efforts exemplify a mature, sustainable PREA training program aligned with both the letter and spirit of the standard.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.32, Volunteer and Contractor Training, the Auditor performed an exhaustive review of all documentation provided by the Alabama Department of Corrections (ADOC). This review was designed to assess whether volunteers and contractors—individuals who are not direct employees of the department—receive the same level of PREA education, preparation, and accountability as staff before any facility access or contact with inmates is permitted.</p> <p>The evaluation began with an in-depth analysis of the Pre-Audit Questionnaire (PAQ) and the corresponding documentation describing the procedures governing volunteer and contract personnel. The PAQ indicated that no volunteers or contractors were assigned during the audit period who had direct contact with inmates. Despite this, the documentation reviewed showed that ADOC has established a forward-looking approach to prepare for future volunteer and contractor engagement by maintaining current, approved PREA training materials and procedures.</p> <p>Two core policies were central to this review. The first, ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment, reaffirms the agency’s zero-tolerance policy and extends PREA training requirements to every individual—regardless of employment type—who may work within an ADOC facility. It emphasizes that anyone permitted access to inmates is subject to the same standards of professional conduct, safety awareness, and reporting obligations as correctional staff.</p> <p>The second, ADOC Administrative Regulation #216, Identification and Control of Institutional Volunteers and Contract Personnel, outlines the procedural structure for screening, identification, and oversight of non-employee personnel. This regulation mandates background checks, security credentialing, and training participation prior to facility entry. Together, these regulations provide a cohesive policy foundation ensuring that all individuals operating within correctional walls understand their roles in upholding PREA’s principles of prevention, detection, and response.</p>

INTERVIEWS

As part of the overall compliance review, the Auditor conducted interviews with individuals serving the facility in non-employee roles to evaluate their knowledge of PREA standards and their preparedness to act in accordance with agency expectations.

Contractor Interview

The interviewed contractor confirmed that PREA training was completed prior to assuming any duties involving contact with inmates. The contractor explained that the orientation focused on responsibilities unique to their specific service role, including clear boundaries for professional conduct and immediate reporting obligations. They were able to describe the purpose of PREA in their own words, demonstrating a solid grasp of the Act's intent to prevent and respond to incidents of sexual abuse and sexual harassment in correctional settings. When asked about reporting procedures, the contractor indicated confidence in identifying appropriate channels and understanding the expectation to notify facility staff promptly should any concern or allegation arise.

Volunteer Interview

The volunteer interviewed stated that PREA training was successfully completed before being authorized to begin service within the facility. The training, they noted, was practical and role-specific, emphasizing both the zero-tolerance policy upheld by the Alabama Department of Corrections and the volunteer's responsibility to foster a safe, respectful environment. The volunteer accurately recounted key aspects of the PREA framework, including how to recognize potential warning signs of abuse and the requirement to report any observed or disclosed misconduct without delay. Their responses reflected genuine comprehension of the agency's standards and a personal commitment to maintaining inmate safety and dignity at all times.

OBSERVATIONS

While touring the facility, the Auditor observed that training materials designated for volunteers and contractors were systematically organized, up to date, and clearly labeled for quick access. Packets included lesson outlines, comprehension acknowledgments, informational handouts, and visual educational tools aligned with the latest PREA standards.

This preparedness indicated that even in the absence of an active volunteer or contractor presence, the facility remains fully ready to onboard and train new participants without delay. The presence and quality of these materials—developed in collaboration with The Moss Group—illustrate a proactive, compliance-driven culture that values preventive education as an essential safeguard of inmate rights and institutional integrity.

PROVISIONS

Provision (a): Training Requirements for Volunteers and Contractors

Documentation provided in the PAQ demonstrated that, during the audit timeframe, ADOC had volunteers and contract personnel at the agency level who had inmate contact in other institutional settings. Records submitted for review included files from four non-medical contractors, three medical contractors, and forty-three volunteers. Training verification confirmed that all participants completed PREA education within the preceding twelve months.

The Auditor verified that ADOC's comprehensive Volunteer and Contractor Training Curriculum—developed with expert guidance from The Moss Group—encompasses all ten PREA-mandated topics. These include an overview of the agency's zero-tolerance approach, the rights of inmates to live free from sexual abuse and harassment, obligations for prevention and reporting, and the legal and ethical parameters of professional conduct. The curriculum also covers recognizing warning signs, responding appropriately to suspicions or disclosures, ensuring confidentiality, maintaining professional boundaries, and understanding the importance of respectful communication with inmates, including those who identify as LGBTI or gender nonconforming.

The policy foundation supporting these practices is found in AR #454, Section K(8), assigning the Institutional PREA Compliance Manager (IPCM) oversight responsibility for volunteer and contractor training, and in Section M, which mandates that all ADOC-affiliated individuals comply with the same standards of sexual safety and reporting. This framework ensures training consistency and legal compliance across the entire correctional system.

Provision (b): Training Content Reflects Level of Inmate Contact

The Auditor verified that ADOC's training design is scaled appropriately to the level of engagement volunteers and contractors are expected to have with inmates. Individuals whose roles involve direct interaction receive additional orientation focused on safety protocols, ethical interactions, and the prevention of boundary violations. Those with limited or incidental contact receive concise, targeted instruction emphasizing essential reporting procedures and behavioral expectations.

Supporting materials include a four-page instructional guide titled Prison Rape Elimination Act Training for Volunteers and Contractors, which clearly defines sexual abuse and harassment, outlines the agency's reporting channels, and provides a signature page requiring acknowledgment of key responsibilities. A complementary tri-fold pamphlet, PREA: Training for Volunteers and Contractors, reinforces these concepts through plain-language explanations, visual cues, and detailed guidance on how to report incidents both internally and externally.

These components collectively ensure accessibility and comprehension. Whether distributed during orientation or briefed during re-entry sessions, the training resources reflect ADOC's intent to make every non-employee participant an informed partner in maintaining a secure and respectful correctional environment.

Provision (c): Documentation of Training Completion

The Auditor confirmed that the facility practices reliable, verifiable documentation for training completion. Preassembled training packets used by the IPCM include acknowledgment forms, rosters, and curriculum outlines, each retained within organized files for quality assurance. The documentation system captures attendance records, verification signatures, and dates of completion for all non-employee personnel once they receive training.

This process not only satisfies compliance expectations but also demonstrates accountability through traceable, auditable documentation. Even in periods without volunteer or contractor participation, the facility maintains readiness to record and verify compliance immediately when engagement resumes.

CONCLUSION

Based on the review of documentation, policies, and on-site observations, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32, Volunteer and Contractor Training.

Although no volunteers or contractors were present during the audit period, ADOC’s structured training process ensures that all non-employee personnel will receive thorough PREA education before assignment. The existence of organized materials, regularly updated policies, and robust training documentation reflect a proactive and professional approach to maintaining sexual safety within correctional settings.

The agency’s use of standardized content developed by The Moss Group, paired with comprehensive oversight by the Institutional PREA Compliance Manager, affirms a consistent and sustainable PREA training model. This readiness exemplifies ADOC’s dedication to preventing sexual abuse and fostering a culture of vigilance, accountability, and respect for the rights and dignity of every inmate and employee within its facilities.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To determine the facility’s compliance with PREA Standard §115.33, Inmate Education, the Auditor reviewed an extensive collection of materials provided by the Alabama Department of Corrections (ADOC). These documents collectively demonstrated the agency’s comprehensive and structured approach to informing inmates of their rights, responsibilities, and available protections under PREA.</p> <p>Among the records examined were the Pre-Audit Questionnaire (PAQ); Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment; and the Inmate PREA</p>

Training Curriculum. The Auditor also reviewed the ADOC Male Inmate Handbook (dated September 25, 2017), which includes written explanations of the department's zero-tolerance policy, inmate rights, definitions of sexual abuse and harassment, and clear instructions for reporting misconduct.

Additional materials included inmate orientation handouts addressing sexual assault prevention, ADOC Form 454-A (Inmate PREA Receipt and Acknowledgment), the pamphlet What You Should Know About Sexual Abuse and Assault, visual signage, and PREA informational posters displayed in English and Spanish. Notices from external confidential support agencies, such as the One Place Family Justice Center, were also reviewed, confirming that independent reporting options are clearly communicated. Attendance sheets from January through April 2024, 30-day PREA education rosters, and centralized tracking spreadsheets verified the systematic documentation of inmate participation in ongoing training.

Collectively, these materials confirm that the facility's inmate education program is intentional, well-organized, and continuously updated to ensure compliance with PREA standards and accessibility for the entire inmate population.

OBSERVATIONS

During the on-site tour, the Auditor observed multiple PREA educational materials integrated into the daily environment of the facility. Informational posters and pamphlets were clearly displayed in housing units, intake areas, dayrooms, corridors, and near inmate telephones—each outlining the agency's zero-tolerance stance toward sexual abuse and harassment.

Postings were designed to be visually clear and accessible, including essential details such as the internal hotline number (Dial 6611), contact information for third-party confidential resources, and step-by-step instructions for making both internal and external reports. These materials reflected the agency's priority of transparency and its commitment to ensuring every inmate understands how to access support or report misconduct safely.

Accessibility measures were easily visible throughout the tour. Materials were available in several languages and adaptive formats to accommodate inmates with limited English proficiency, visual or hearing impairments, and other disabilities. Large-print pamphlets, Braille guides, and captioned video presentations—such as Discussing PREA—supported full participation. Videos were offered in English and Spanish and available with American Sign Language (ASL) interpretation when needed.

The consistent presence and visibility of these educational resources underscored the facility's dedication to reinforcing awareness beyond formal training sessions, fostering a living culture of communication, prevention, and informed responsibility.

INTERVIEWS

Random Inmates

Interviews with randomly selected inmates showed uniform awareness of PREA education. Each inmate recalled receiving an orientation briefing during intake along with written materials and the Inmate Handbook. They confirmed viewing the PREA orientation video and expressed clear understanding of their rights under PREA, including the right to live free from sexual abuse and harassment.

The inmates could locate posted hotline numbers, describe both internal and external reporting processes, and identify mailing addresses for written reports. They also stated that they were given an opportunity to ask staff questions following the presentation, indicating an environment supportive of open communication and comprehension.

Intake and Orientation Staff

Staff responsible for inmate intake and orientation described a structured, consistent education process that ensures every inmate receives information upon arrival. They reported that initial instruction begins during the intake process, when inmates are briefed verbally and provided written materials explaining the zero-tolerance policy, rights, and reporting options. Staff confirmed that comprehensive education—via video or instructor-led session—is completed within 15 days of arrival.

They emphasized that accommodations are routinely made for individuals requiring assistance due to language barriers or disabilities. Certified interpreters and accessible media are used as needed, and inmates are never permitted to interpret or facilitate communication for others. Staff also confirmed that all inmates sign acknowledgment forms (ADOC Form 454-A) and receive a copy of the Inmate Handbook, ensuring documentation of participation.

Inmates in Targeted Categories

Those representing targeted categories, such as inmates with limited English proficiency or identified vulnerabilities, affirmed that the educational materials were provided in formats they could easily read and understand. They remembered receiving orientation within the same timeframe as the general population, viewing the video presentation, and receiving printed information in an accessible format.

These inmates could explain how to file reports, cite hotline numbers from memory, and describe both verbal and written reporting options. They each reported being encouraged to ask staff questions during orientation, highlighting an atmosphere of respect and equal access to information across the inmate population.

PROVISIONS

Provision (a): Initial Education upon Intake

Immediately following admission, inmates receive introductory PREA information detailing the agency's zero-tolerance policy toward sexual abuse and harassment, definitions of prohibited conduct, and instructions for reporting both internally and externally. Staff interviews, PAQ responses, and intake documentation verified that all

334 inmates admitted within the past 12 months received this initial orientation. This early-stage communication establishes clear expectations and reinforces the facility's firm stance on sexual safety from the moment of entry.

Provision (b): Comprehensive Education within 30 Days

Beyond initial orientation, the facility provides comprehensive PREA education within 30 days of an inmate's arrival. This instruction, consistent with ADOC AR #454 (Section B.1.b), utilizes multimedia presentations, interactive discussions, and opportunities for inmates to ask questions to confirm understanding. Documentation and attendance logs reflected 100% compliance for all inmates housed longer than 30 days. This structured follow-up ensures that PREA principles are reviewed thoroughly once inmates are acclimated to the facility environment.

Provision (c): Verification of Education through Documentation

A random sample of 41 inmate record files confirmed that each contained a completed and signed ADOC Form 454-A verifying receipt of the Inmate Handbook, orientation materials, and participation in PREA education sessions. This documentation demonstrates the facility's systematic procedure for recording inmate education and verifying full compliance with training requirements.

Provision (d): Accessibility and Inclusivity of Education

PREA education is offered in formats that accommodate all inmates regardless of language proficiency, disability status, or sensory limitations. Instructional videos include closed captioning, and printed materials are translated into multiple languages. Braille and large-print editions are available, and ASL interpretation is provided where required. The use of inmate interpreters is explicitly prohibited by policy, ensuring the integrity and privacy of the educational process. This inclusive approach reflects ADOC's dedication to equitable access for everyone in custody.

Provision (e): Documentation and Tracking of Acknowledgments

Acknowledgment of PREA education is meticulously logged using ADOC Form 454-A, which is stored in each inmate's personal file. Additionally, a centralized electronic PREA education tracking spreadsheet allows staff to verify completion dates by individual, creating a transparent and easily auditable record. This dual documentation system enhances reliability and accountability.

Provision (f): Continuous and Reinforced Education

PREA education does not end with orientation; it is a living process continually reinforced through posters, updated pamphlets, on-going replay of videos, and periodic staff-led discussions. Auditor observations confirmed the visible presence of these educational tools across housing units and communal areas, ensuring sustained exposure to PREA's key messages. This ongoing emphasis cultivates awareness and empowers inmates to recognize and report abuse, making safety education a constant feature of daily life inside the facility.

	<p>CONCLUSION</p> <p>After reviewing documentation, interviewing staff and inmates, and observing the facility’s operations, the Auditor concludes that the facility is fully compliant with PREA Standard §115.33, Inmate Education.</p> <p>The Alabama Department of Corrections demonstrates a structured, accessible, and inclusive approach to inmate education—providing timely, clear, and continual information about sexual safety. The system’s use of multiple instructional methods, its attention to accessibility, and its thorough documentation practices confirm that every inmate receives consistent and reliable information about their rights and protections.</p> <p>This multi-layered approach, reinforced by trained staff and transparent reporting mechanisms, illustrates a strong institutional culture of awareness, accountability, and respect for the safety and dignity of all inmates.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.34, Specialized Training: Investigations, the Auditor reviewed a comprehensive set of documents submitted by the Alabama Department of Corrections (ADOC). These materials collectively demonstrate that investigators responsible for addressing sexual abuse allegations in confinement settings receive the advanced, role-specific training required by both federal standards and departmental policy.</p> <p>The documentation reviewed included the Pre-Audit Questionnaire (PAQ) and its supporting attachments, ADOC Administrative Regulation (AR) #454 Inmate Sexual Abuse and Harassment, and the Specialized Investigator Training Curriculum developed in partnership with The Moss Group. Training certificates substantiating course completion for PREA investigators were examined alongside materials from federally sponsored training modules, including the online course Sexual Abuse and the Initial Responder, produced by the U.S. Department of Justice’s National Institute of Justice (NIJ).</p> <p>Together, these documents provided clear verification that investigators across ADOC, including those assigned to this facility’s jurisdiction, are fully trained in the specialized techniques needed to conduct sexual abuse investigations within confinement environments. The training emphasizes both technical proficiency and a trauma-informed understanding of victims, ensuring that investigative practices meet the highest standards of professionalism and compliance.</p>

INTERVIEWS

Investigative Staff

During interviews, investigative personnel from the facility's Law Enforcement Services Division confirmed their completion of all required specialized training. Each investigator described receiving education tailored to the complexities of conducting investigations within correctional settings—environments that require particular attention to safety, confidentiality, and evidentiary integrity.

The investigators explained that their training not only covered fundamental investigative standards, such as the correct administration of Miranda and Garrity warnings, but also the psychological, procedural, and ethical dimensions of working with victims of sexual abuse. They discussed lessons that focused on trauma-informed interview techniques, evidentiary preservation, and maintaining neutrality while handling sensitive disclosures.

Interviewees also referenced the online NIJ course, Sexual Abuse and the Initial Responder, noting that the program reinforced broad principles of PREA investigations and addressed issues of institutional culture, victim collaboration, and investigative ethics. Collectively, the interviews demonstrated a depth of knowledge consistent with the advanced training prescribed by policy—confirming that all processes are both compliant and effective in practice.

PROVISIONS

Provision (a): Specialized Investigator Training Requirements

According to the Pre-Audit Questionnaire and confirmed through interviews and document review, ADOC policy requires that all investigators receive formal, specialized instruction on conducting sexual abuse investigations in confinement settings. This policy is codified in Administrative Regulation #454, Section V(2), which establishes training mandates for investigative personnel.

The Auditor verified that ADOC employs thirty-six certified PREA investigators statewide, all of whom have completed the required curriculum. The training encompasses instruction in conducting credible, trauma-informed sexual assault investigations, the appropriate use of Miranda and Garrity advisements, and the handling of physical and testimonial evidence. Certification records showed successful completion of courses provided by The Moss Group, as well as supplemental training on Human Trafficking, Custodial Sexual Misconduct, and Prison Rape and Sexual Assault Investigations.

The review also confirmed that fifty-two Incident Prevention and Compliance Managers (IPCMs) and their designated backups across the state have completed parallel coursework to ensure consistency in investigatory oversight. The Sexual Abuse and the Initial Responder course, part of the NIJ training platform, further supports this foundation by addressing institutional culture, victim collaboration, and investigative strategies in correctional environments.

Policy references such as ADOC AR #454 and Standard Operating Procedure OPR: I&I #454 reinforce the requirement that all investigator training must be documented, signed, and retained. These policies ensure each investigator is adequately prepared and accountable for maintaining the integrity of sexual assault investigations.

Provision (b): Training Content and Application

Training content prescribed by ADOC mirrors the demands of PREA’s investigative standards. The comprehensive instructional program includes detailed guidance on interviewing sexual abuse victims with sensitivity to trauma, applying legal advisements (Miranda and Garrity), collecting and documenting evidence within secure confinement settings, and applying evidentiary thresholds for administrative and prosecutorial determination.

Courses developed through collaboration between ADOC and the National Institute of Corrections expand upon these basics by providing scenario-based exercises, allowing investigators to practice real-world decision-making in a controlled learning environment. Instruction emphasizes cultural awareness, protecting inmate rights during interviews, and understanding how institutional culture can influence the investigative process.

The Auditor confirmed through interviews and record reviews that all investigative personnel assigned to the facility completed these training modules in full. Each investigator demonstrated understanding of the operational principles underlying their work and expressed confidence in applying protocol to real incidents.

Relevant policy: ADOC Administrative Regulation #454, Section V(2).

Provision (c): Verification and Documentation of Training Completion

The facility maintains reliable documentation verifying that investigators have completed their specialized training. Records reviewed included certificates issued by The Moss Group, NIJ, and ADOC’s own Law Enforcement Services Division. These certifications confirm compliance not only with PREA requirements but also with the agency’s internal benchmarks for investigative competency.

During the audit, investigators’ individual files were examined, and the Auditor verified proper documentation for each ADOC investigator who handled PREA-related cases within the past twelve months. Each record showed consistent signatures, course completion dates, and verification by supervisors—demonstrating a well-managed tracking system.

AR #454 specifies that training completion records must be maintained and made available for review, which is fully reflected in current facility practices. This oversight structure ensures that the agency continually verifies investigator readiness and adherence to policy requirements.

Provision (d): Not Applicable to the Current Audit Scope

In accordance with existing PREA audit guidelines, this provision does not apply to the

facility's review and was not assessed as part of this evaluation.

CONCLUSION

After reviewing agency regulations, specialized curricula, training records, and conducting interviews with investigative staff, the Auditor concludes that the Alabama Department of Corrections and the audited facility fully comply with PREA Standard §115.34, Specialized Training: Investigations.

The agency has implemented a robust, multifaceted training system that equips investigators with the technical skill and professional judgment necessary to respond effectively to sexual abuse allegations within confinement settings. The integration of trauma-informed practices, careful attention to evidence management, and continuous documentation of training completion illustrate an agency operating well above the minimum compliance threshold.

Through comprehensive instruction, stringent documentation, and policy reinforcement, ADOC ensures that its investigative personnel consistently uphold PREA's core principles—investigating each allegation with accuracy, fairness, and respect for the safety and dignity of every inmate involved.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with PREA Standard §115.35, Specialized Training: Medical and Mental Health Care, the Auditor conducted a detailed and methodical review of the Pre-Audit Questionnaire (PAQ) along with supporting documentation submitted by the Alabama Department of Corrections (ADOC) and the facility. The objective was to confirm that medical and mental health practitioners regularly working in the institution receive both foundational PREA instruction—required of all staff under §115.31—and specialized clinical training relevant to their professional responsibilities.</p> <p>Central to this review was ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (dated May 29, 2025), which prescribes mandatory training standards for clinical professionals operating within correctional settings. The Auditor examined lesson plans, attendance records, and signed acknowledgment forms confirming that medical and mental health personnel completed all required training and understood its content.</p> <p>Training documents included the specialized curriculum used for clinical instruction, attendance rosters, proof of completion, and individual training acknowledgments.</p>

Collectively, these materials reflected a structured and accountability-driven training environment through which clinical staff gain the expertise to identify, respond to, and report sexual abuse or harassment promptly and competently.

INTERVIEWS

PREA Compliance Manager (PCM)

The PREA Compliance Manager described the comprehensive training model employed by the agency for all clinical staff. Practitioners receive the same foundational PREA education as every facility employee, followed by advanced training modules tailored to medical and mental health responsibilities. This layered instruction ensures that providers understand their dual obligations—to uphold PREA standards institution-wide and to apply trauma-informed, evidence-based practices specific to clinical care.

Medical and Mental Health Staff

In interviews, medical and mental health practitioners confirmed they had successfully completed both tiers of training. They recalled coursework and workshops focusing on indicators of sexual abuse and harassment, methods for approaching and interviewing victims in a trauma-sensitive manner, and techniques for preserving physical evidence if present. Training also reinforced the importance of maintaining confidentiality while ensuring immediate and accurate reporting of all allegations.

Practitioners were articulate when explaining their required actions following disclosure, demonstrating an awareness not only of policy expectations but also of the ethical responsibilities inherent to their clinical profession. They acknowledged that the training enhanced their ability to balance patient care with investigative and legal demands in sensitive situations.

Facility Head

The Facility Head emphasized that compliance with PREA training standards is non-negotiable and closely monitored. Leadership outlined a system of oversight whereby no medical or mental health provider may begin work in the facility unless training certifications are current and duly documented in their personnel files. This includes verification of specialized instruction, signed acknowledgment of content reviewed, and regular audits of training currency by supervisory personnel.

This proactive monitoring ensures clinical staff are consistently prepared to perform their duties in alignment with both health care ethics and PREA policy requirements.

PROVISIONS

Provision (a): Comprehensive and Role-Specific Specialized Training for Clinical Practitioners

Agency policy requires that every medical and mental health provider assigned to a correctional facility complete specialized training specific to their scope of practice. At the time of the audit, three clinical staff members were employed at the facility, and records confirmed each had completed the required specialized instruction.

The reviewed curriculum covered essential clinical topics, including identification of physical and behavioral signs of sexual abuse or harassment, appropriate methods for responding to victims, and preservation of evidence as applicable. Instructors emphasized trauma-informed care principles, promoting empathetic, nonjudgmental responses that prioritize safety and emotional stability. The training also detailed mandatory reporting processes, clinical documentation standards, and ongoing care considerations for patients who may have experienced sexual victimization.

An additional component addressed risk assessment factors connected to vulnerability and victimization, equipping professionals to proactively support at-risk inmates. Every training session required participants to sign acknowledgment forms documenting comprehension and attendance. The Auditor's review of files confirmed a consistent pattern of compliance with these requirements.

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

Provision (b): Forensic Examination Responsibilities - Not Applicable to Facility Practice

This provision does not apply to this facility. ADOC policy explicitly prohibits in-house medical staff from performing forensic medical examinations in sexual abuse cases. When such examinations are needed, the inmate is referred to an external qualified provider, typically through an established partnership with a community hospital or specialized forensic unit.

This approach ensures that forensic evidence collection occurs in a controlled clinical environment by certified Sexual Assault Nurse Examiners (SANEs) or other trained professionals, aligning the agency's practice with prevailing medical and legal standards.

Provision (c): Systematic Documentation and Maintenance of Training Records

The Auditor verified that the facility maintains precise documentation demonstrating completion of all required training for medical and mental health practitioners. Records include attendance sheets, training logs, course outlines, proof of completion, and individually signed acknowledgments. These are housed within personnel files and mirrored in a centralized training database maintained by the PREA Compliance Manager.

Review of these materials revealed that training participation is consistently tracked, updated annually, and subject to oversight review. Interviews corroborated this process, confirming that clinical staff understand the ongoing nature of PREA education and the expectation to remain current with policy revisions. The organized

recordkeeping system ensures complete transparency and immediate verifiability of compliance—key indicators of a mature, well-managed program.

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

Provision (d): Foundational General PREA Training for Clinical Staff

In addition to their specialized instruction, all clinical personnel participate in the general PREA training required of employees, contractors, and volunteers. Attendance records reviewed confirmed completion through regular facility-wide sessions that reinforce universal PREA principles—most notably, the agency’s zero-tolerance policy, responsibilities for prevention and detection, and the duty to report suspicions or disclosures of sexual abuse and harassment without delay.

By requiring clinicians to complete both the standard and advanced curricula, ADOC ensures continuity in education across disciplines: medical, security, and administrative. This integrated approach creates a shared institutional language around sexual safety, ensuring each department responds cohesively when incidents arise.

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

CONCLUSION

After analyzing agency policy, curriculum content, documentation, and interviews with key facility personnel, the Auditor concludes that the Alabama Department of Corrections and this facility fully comply with PREA Standard §115.35, Specialized Training: Medical and Mental Health Care.

The training system for clinical staff is deliberate, comprehensive, and multidisciplinary—built upon clear policy direction, verified instruction, and meticulous documentation. Medical and mental health practitioners are demonstrably prepared to recognize signs of sexual abuse and harassment, respond in trauma-informed and policy-compliant ways, and ensure proper reporting and follow-up.

This structured, ongoing training program reinforces ADOC’s zero-tolerance commitment and demonstrates its dedication to protecting the health, safety, and dignity of every inmate entrusted to its care.

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 an exhaustive review of materials submitted by the Alabama Department of Corrections (ADOC). These records provided clear evidence of a systematic, standardized approach to identifying inmates vulnerable to sexual victimization or exhibiting potential for sexually abusive behavior upon entry into the correctional system.

Central to the evaluation was the Pre-Audit Questionnaire (PAQ), supported by ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), which establishes mandatory screening protocols for all new admissions and transfers. The ADOC Classification Manual and Facility Operating Procedures outlined structured intake workflows, while the Inmate Screening Instrument for Risk of Victimization and Abusiveness served as the validated statewide assessment tool capturing all PREA-required risk factors.

The Auditor also examined sampled screening forms (ADOC Form 454-C) for inmates admitted within the past twelve months, alongside training rosters and curricula verifying staff competency in objective instrument administration. These materials confirmed consistent policy implementation across ADOC facilities with full alignment between regulation and daily practice.

INTERVIEWS

Facility Head and PREA Compliance Manager

Leadership described comprehensive oversight mechanisms including daily intake monitoring and monthly quality assurance audits of screening documentation. The PREA Compliance Manager highlighted the dual purpose of risk screening—federal compliance alongside proactive safety planning that directly influences housing, work assignments, and protective measures. Both confirmed stringent confidentiality protocols, with screening results triggering Classification Committee review while remaining protected from broader institutional disclosure.

Random Inmates

Inmates consistently recalled private, respectful screening interviews conducted during intake processing. They understood the process aimed to ensure safe housing placements and demonstrated awareness that their responses would inform protective measures without punitive consequences. Several noted staff encouragements to request reassessments and confirmed satisfaction with information handling and privacy protections.

Classification and Intake Staff

Screening personnel detailed their methodical approach, integrating scripted PREA questions with comprehensive case history reviews. They verified completing initial assessments within 72 hours (typically within 24 hours) of arrival and conducting 30-day reassessments or immediate updates triggered by incidents, behavioral changes, or inmate requests. Staff demonstrated proficiency with accommodation for disabilities or language barriers, emphasizing certified interpreters and simplified

explanations to ensure accurate, inclusive assessments.

PROVISIONS

Provision (a): Timing of Initial Screening

Every inmate receives comprehensive risk screening within 72 hours of facility arrival, with the majority completed within 24 hours. Trained classification staff conduct structured interviews using ADOC Form 454-C while reviewing institutional and criminal history records. This expedited process enables immediate housing and safety decisions, protecting vulnerable inmates from their first day of confinement.

Examination of 44 inmate files verified 100% compliance with the 72-hour requirement. AR #454 explicitly mandates screening for both new admissions and transfers, with implementation consistently documented across all sampled records.

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

Provision (b): Comprehensive Reassessment Procedures

Risk reassessments occur within 30 days of intake, with immediate reviews triggered by incidents, behavioral shifts, classification changes, staff referrals, or inmate requests. This dynamic evaluation process ensures classification decisions remain current and responsive rather than relying on static initial assessments. Staff interviews confirmed reassessment protocols for PREA-related incidents or emerging risk factors, demonstrating practical policy application through specific examples.

The Auditor's independent review of 44 randomly selected inmate corroborated timely reassessments, creating clear documentation trails for both initial and follow-up evaluations across the inmate population. 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: AR #454, V.B.1, p.17; V.B.2.a-c, p.17; V.B.3, p.3,17-18

Provision (c): Objective Screening Instrument

ADOC utilizes a validated, standardized risk assessment tool systematically addressing PREA-mandated factors: sexual orientation, gender identity, prior victimization, criminal history, institutional violence, age, physical build, mental health status, and predatory patterns. The instrument employs scripted questions and objective scoring criteria, minimizing staff subjectivity while capturing nuanced vulnerability indicators.

Specialized staff training ensures uniform application statewide. This evidence-based design supports defensible classification decisions aligned with PREA's protective intent and correctional best practices.

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

Provision (d): Prior Offense and Institutional History Review

Screening systematically evaluates current offenses, prior convictions (particularly sexual or violent), incarceration history, and disciplinary records for predatory indicators. ADOC Form 454-C Part 1 explicitly captures age, physical characteristics, mental health needs, sexual orientation, gender identity, prior victimization, and institutional aggression—creating comprehensive risk profiles from intake onward.

This thorough historical analysis grounds classification in behavioral evidence rather than assumptions, enabling accurate identification of both vulnerable and predatory inmates for appropriate management.

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

Provision (e): Strict Communication and Confidentiality Standards

Screening information follows rigorous need-to-know dissemination protocols. Results reach only classification supervisors, housing officers, and relevant medical/mental health personnel directly involved in safety decisions. Policy prohibits discussion near other inmates, with secure storage limited to authorized personnel.

Regular training and PREA Compliance Manager audits reinforce these safeguards. Inmate interviews confirmed understanding of privacy protections, building trust in the screening process's integrity and sensitivity.

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

Provision (f): Informed Housing and Program Placement

Screening outcomes directly guide housing, work, and program assignments. Vulnerable inmates receive protective housing consideration while those flagged as potentially predatory face appropriate restrictions. The Classification Committee integrates screening data with supervisory review, ensuring individualized, documented decisions balancing safety and rehabilitation access.

Protective placements remain non-punitive with regular review, preventing inappropriate pairings while maximizing programming opportunities for all inmates.

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

Provision (g): Comprehensive Accessibility Accommodations

Inmates with disabilities or limited English proficiency receive tailored accommodations: certified interpreters, simplified explanations, private interview settings, and accessible formats. Policy explicitly prohibits inmate interpreters, preserving assessment accuracy, confidentiality, and dignity for all participants.

Staff confirmed routine accommodation protocols, ensuring every inmate—regardless of language ability or cognitive capacity—fully understands screening questions and their protective purpose.

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

Provision (h): Specialized Training for Screening Personnel

Classification staff complete comprehensive PREA training covering instrument administration, trauma-informed interviewing, objective scoring, and confidentiality obligations. The curriculum emphasizes voluntary participation—no inmate faces discipline for declining sensitive questions—and staff employ coaching rather than coercion.

PREA Compliance Manager audits verify training currency. Interviewed personnel demonstrated mastery of protocols, confirming effective preparation for consistent, professional screening execution.

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

Provision (i): Legitimate, Safety-Focused Information Application

Screening data supports exclusively safety-related decisions: housing assignments, program placements, counseling referrals. Strict dissemination controls limit access to medical, classification, and PREA personnel with legitimate need. System-wide analytics identify patterns informing policy refinement while individual protections prevent misuse.

This targeted application fulfills PREA's protective mandate while safeguarding inmate privacy throughout incarceration.

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

CONCLUSION

Following thorough documentation analysis, staff and inmate interviews, and verification of classification practices, the Auditor determines the facility fully complies with PREA Standard §115.41.

ADOC executes objective, timely, confidential risk screening for every inmate, driving individualized safety decisions while protecting sensitive information. Trained personnel administer standardized assessments with comprehensive accommodations, reassessing dynamically to maintain current risk profiles. This systematic approach exemplifies institutional commitment to prevention, fairness, and dignity for all individuals in custody.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

The Auditor performed an extensive evaluation of documentation from both agency and facility levels to confirm compliance with PREA Standard §115.42, Use of Screening Information. This review focused on how PREA risk screening data systematically informs housing, classification, and programming decisions while maintaining inmate safety as the paramount consideration.

Central to the assessment was the facility's completed Pre-Audit Questionnaire (PAQ) alongside its comprehensive supporting materials, which outlined procedures integrating risk screening throughout intake, classification committees, housing assignments, and ongoing management processes. ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) established statewide protocols ensuring consistent, appropriate application of screening information to prevent sexual victimization and abusive behavior.

ADOC Standard Operating Procedure (SOP) 454-5 detailed facility-specific implementation, while ADOC Form 454-C (Classification PREA Risk Factors Checklist) and ADOC Form 454-K (PREA Risk Assessment) provided standardized tools guiding objective safety-based decisions. The Auditor examined inmate classification files, intake checklists, reassessment records, housing designation spreadsheets, and Classification Committee minutes from the past twelve months, verifying active incorporation of screening data into operational decisions rather than passive recordkeeping.

INTERVIEWS

PREA Director

The PREA Director outlined the agency's comprehensive classification framework, emphasizing that initial housing considerations begin with an inmate's legal sex at birth but never serve as the sole determinant. For transgender and intersex inmates, personal safety views carry substantial weight in placement decisions, with formal reassessments conducted at least every six months and immediately following PREA-related incidents or identified concerns. The Director confirmed routine intake interviews capture enemies, prior conflicts, and perceived threats—all factors informing nuanced housing determinations.

PREA Compliance Manager

The Institutional PREA Compliance Manager verified that neither ADOC nor this facility operates under consent decrees or judicial orders mandating dedicated LGBTI housing units. Inmates identifying as lesbian, gay, bisexual, transgender, or intersex integrate into general population unless individualized safety assessments warrant alternative placements. The PCM described meticulous review processes combining PREA screening data, mental health input, and classification evaluations to prevent vulnerable inmates from housing with identified risks, with all transgender/intersex placements thoroughly documented.

Staff Responsible for Risk Screening

Classification personnel described individualized assessment processes blending standardized PREA tools with direct inmate engagement about personal safety concerns, perceived threats, and housing/programming compatibility. They emphasized that screening results inform—but do not dictate—decisions, always balancing institutional safety with rehabilitation access. Staff confirmed supervisory review of all protective housing recommendations and regular case conferences preventing prolonged isolation.

PROVISIONS

Provision (a): Comprehensive Application Across Housing and Programming

The facility systematically applies PREA screening information to guide housing assignments, bed placements, work details, educational opportunities, and program participation—specifically separating inmates at higher victimization risk from those presenting abusiveness potential. The Institutional PREA Compliance Manager confirmed daily operational application through Classification Committee processes.

Review of 44 inmate records verified consistent integration of risk assessment data into classification determinations. Vulnerable inmates flagged at intake receive housing consideration ensuring separation from documented risks while avoiding automatic general population exclusion. Decisions balance safety needs, institutional capacity, and rehabilitation priorities, with protective placements requiring supervisory approval and scheduled reviews every 30-90 days to assess ongoing necessity.

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

Provision (b): Individualized Decision-Making Framework

Housing and placement decisions prioritize individualized assessment over categorical approaches, with inmate safety as the guiding principle. PREA screening data and mental health evaluations inform not only housing but also work assignments, educational placements, and program participation—ensuring responsive accommodations to unique risk profiles and expressed concerns.

Screening results trigger targeted safety planning rather than blanket restrictions. Vulnerable inmates maintain programming access unless specific threats are documented, with program staff receiving only essential classification summaries preserving privacy while enabling accommodations. Classification Committee evaluations consider behavioral history, institutional dynamics, inmate preferences, and available housing options, maximizing rehabilitation while mitigating documented risks.

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

Provision (c) through Provision (g): Not Applicable Under Current Standards

This provision is excluded from compliance findings under the current PREA audit instrument .

	<p>CONCLUSION</p> <p>Following detailed analysis of policies, classification records, housing documentation, and interviews across leadership and operational staff, the Auditor determines the facility fully complies with all applicable provisions of PREA Standard §115.42, Use of Screening Information.</p> <p>ADOC demonstrates sophisticated, safety-focused application of screening data through individualized classification processes that balance vulnerability protection with rehabilitation access. Active integration of risk assessments into daily operations, rigorous supervisory oversight, and meaningful consideration of inmate safety concerns reflect mature compliance practices.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor performed an evaluation of documentation from both the Alabama Department of Corrections (ADOC) agency headquarters and the facility to verify compliance with PREA Standard §115.43, Protective Custody. This comprehensive review focused on policies governing segregated housing use, oversight mechanisms, and safeguards preventing inappropriate involuntary segregation of vulnerable inmates.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) served as the foundation, supported by detailed records outlining procedures for protective housing decisions, alternative safety measures, and rigorous review processes. ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) established statewide prohibitions against routine segregation of victimization-risk inmates, mandating individualized safety planning as the primary protective strategy.</p> <p>ADOC Administrative Regulation #435 - Segregated Housing provided procedural safeguards including mandatory documentation, review timelines, and alternatives exploration requirements. Operational records examined included comprehensive housing designation spreadsheets, segregation logs, holding and crisis cell records, and Post-Allegation Protective Custody forms. These materials confirmed zero PREA-related involuntary segregation placements during the twelve-month audit period, with all segregated inmates housed for administrative or disciplinary reasons unrelated to sexual safety concerns.</p> <p>INTERVIEWS</p> <p>Staff Who Supervise Segregated Housing</p>

Supervisory personnel consistently reported no observations of inmates placed involuntarily in segregation for sexual abuse protection or victimization risk during the review period. They described housing segregated inmates exclusively for administrative management or disciplinary sanctions unrelated to PREA matters. Staff confirmed equivalent programming access and regular case reviews for all segregated inmates, regardless of placement rationale.

Inmates Currently in Segregated Housing

Inmates housed in segregation units at audit time universally denied placement related to sexual abuse allegations, victimization concerns, or PREA protective needs. Interviews and housing records verified all individuals served administrative or disciplinary sanctions. They confirmed understanding of their review rights and access to programs, privileges, and services comparable to general population peers.

Facility Head or Designee

Facility leadership emphasized comprehensive oversight of all segregated placements through formal documentation and mandatory 30-day review cycles. The Facility Head confirmed PREA considerations integrate into every segregation review when applicable, ensuring continued justification and alternatives exploration. Leadership verified no PREA-related involuntary protective placements occurred during the audit period.

PREA Compliance Manager (IPCM)

The Institutional PREA Compliance Manager verified zero instances of involuntary administrative or punitive segregation for sexual victimization protection during the preceding twelve months. The IPCM highlighted agency preference for alternative housing strategies—modified general population placements, enemy separations, programming reassignment—reserving protective custody for rare, last-resort circumstances only after exhausting all reasonable alternatives.

PROVISIONS

Provision (a): Prohibition Against Routine Involuntary Segregation

ADOC policy explicitly bans automatic placement of high-risk victimization inmates into involuntary segregated housing unless all alternative safety measures prove inadequate. The facility reported and documentation confirmed zero such placements during the past twelve months. Interviews with the IPCM and Facility Head verified consistent adherence to this restrictive standard, prioritizing individualized safety planning over isolation.

This zero-tolerance approach for routine segregation reflects mature institutional practice, ensuring vulnerability identification triggers comprehensive protection strategies rather than default confinement.

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

Provision (b): Preservation of Programs, Privileges, and Services

Were protective custody ever required, policy mandates maintaining inmate access to all general population programs, privileges, education, and work opportunities to maximum feasible extent. Segregation logs and staff interviews confirmed that even administrative placements preserve service equivalency. No PREA-related applications tested this provision during the audit period, but established safeguards ensure readiness for compliant implementation.

The policy's comprehensive service preservation requirement prevents protective housing from becoming de facto punishment, maintaining rehabilitation continuity even during safety-driven separations.

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

Provision (c): Last-Resort Application with Ongoing Access

Agency standards reserve protective custody strictly for last-resort scenarios after exhausting alternative placements. The Facility Head verified procedural safeguards ensuring continued program and service access during any such limited placements. Zero protective custody instances during the review period confirmed policy adherence through non-use rather than tested application.

This conservative approach exemplifies PREA compliance philosophy—protection without punishment, integration over isolation, rehabilitation alongside safety.

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

Provision (d): No Protective Custody Placements Requiring Inmate Interviews

The PAQ and IPCM confirmation documented zero protective custody placements pursuant to this provision within twelve months, eliminating need for specialized inmate interviews. Facility records corroborated absence of PREA-driven segregation, with all segregated housing serving non-protective purposes.

Non-applicability through zero utilization represents strongest possible compliance evidence, demonstrating proactive alternatives prevent necessity of involuntary segregation.

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

Provision (e): Mandatory Thirty-Day Segregation Reviews

No involuntary PREA-related segregation occurred during the audit period, but policy mandates 30-day reviews for any segregated placement regardless of rationale. Documentation confirmed consistent application to existing administrative cases, with Facility Head oversight ensuring PREA considerations integrate into all segregation reviews when relevant.

Universal review protocols across placement categories create robust safeguard

	<p>infrastructure, prepared for any future protective housing needs while maintaining current compliance through demonstrated non-use.</p> <p>Policy Reference: AR #454, K.1-4, pp. 30-31</p> <p>CONCLUSION</p> <p>After comprehensive documentation analysis, interviews spanning supervisory, administrative, and inmate populations, and verification of segregation practices, the Auditor determines the facility fully complies with PREA Standard §115.43, Protective Custody.</p> <p>ADOC maintains exemplary policy prohibiting routine involuntary segregation of vulnerable inmates, achieving zero PREA-related protective custody placements through sophisticated alternatives strategies. Established safeguards—comprehensive service preservation, mandatory reviews, last-resort criteria—remain fully operational despite non-use, reflecting mature institutional capacity for compliant protective housing if ever required. This proactive, prevention-focused approach exemplifies PREA compliance at highest standard.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Auditor performed an exhaustive analysis of documentation spanning both Alabama Department of Corrections (ADOC) agency headquarters and facility operations to verify compliance with PREA Standard §115.51, Inmate Reporting. This comprehensive evaluation examined the complete reporting ecosystem—from accessible allegation channels and staff responsibilities to confidentiality protections and external oversight mechanisms ensuring credible disclosure opportunities for every inmate.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) established baseline operational insight, supported by extensive procedural materials detailing standardized processes for receiving, documenting, and actioning reports of sexual abuse, harassment, retaliation, or enabling staff neglect. ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) provided authoritative policy foundation, clearly defining both inmate and staff reporting obligations, permissible methods, mandatory immediate responses, and comprehensive anti-retaliation safeguards.</p> <p>The ADOC Inmate Handbook clearly communicated accessible reporting pathways, confidentiality assurances, and institutional commitment to treating every allegation</p>

seriously. Pre-addressed legal mail envelopes confirmed secure external communication channels to the Law Enforcement Services Division (LESD) Director. Securus Technologies MOU verified external hotline infrastructure enabling anonymous inmate reporting independent of facility command structure. "NO MEANS NO" posters and supplementary educational materials reinforced zero-tolerance messaging while ensuring continuous visibility of reporting options throughout all living and common areas.

OBSERVATIONS

On-site verification confirmed multiple operational redundancies guaranteeing continuous inmate access to reporting mechanisms alongside consistent PREA awareness reinforcement. "NO MEANS NO" posters appeared prominently across housing units, intake processing areas, corridors, dayrooms, and dining facilities—displayed in both English and Spanish with clear zero-tolerance declarations and multiple contact avenues.

PREA drop boxes occupied strategic, high-visibility locations throughout the facility, providing secure private written reporting including full anonymity options. Telephone functionality testing across diverse housing units confirmed *661 PREA hotline operational status everywhere tested, delivering automated instructions about toll-free anonymous access with two-minute message capacity for electronic routing and supervisory review.

Legal mail procedures enabled confidential pre-addressed correspondence to external authorities without administrative interference, as verified through mailroom staff discussions. These integrated, well-maintained channels created institutional environment where every inmate could disclose concerns through preferred method with confidence in appropriate handling.

INTERVIEWS

Inmates (Random and Targeted)

Interviewed inmates demonstrated comprehensive awareness of diverse reporting pathways including direct staff disclosure, secure PREA drop box submissions, *661 hotline access, formal grievance processes, IPCM contact, and family/third-party notifications. They confirmed understanding confidentiality protections including complete anonymity options, verified ready access through pervasive signage and handbook materials, and expressed confidence that allegations trigger prompt serious investigation regardless of submission method or reporter circumstances.

Random Staff

Personnel articulated universal mandatory reporting obligations, confirming immediate documentation requirement for any allegation irrespective of delivery method, source credibility assessment, or reporter identity. Interviewees detailed chain-of-command forwarding protocols without discretionary filtering, alongside direct escalation options to IPCM or PREA Director when operationally appropriate.

Multiple staff emphasized equal procedural rigor for anonymous written disclosures and third-party verbal concerns.

Institutional PREA Compliance Manager (IPCM)

The IPCM outlined sophisticated multi-tiered reporting infrastructure, verifying comprehensive inmate orientation covering internal channels (staff, drop boxes, grievances) alongside external options (Office of Victim Services, State Board of Pardons and Paroles). Securus Technologies MOU enables anonymous external hotline messages with automatic PREA Director routing, creating independent review layer beyond facility administration. External service integration enhances institutional transparency while maintaining allegation integrity through specialized external intake protocols.

PROVISIONS

Provision (a): Multiple Internal Reporting Channels with Full Confidentiality

Inmates access comprehensive internal reporting infrastructure for sexual abuse, harassment, retaliation, or enabling staff neglect: unrestricted verbal disclosure to any personnel, anonymous PREA drop box submissions, *661 hotline messaging, formal grievance processing, direct IPCM access, and third-party notifications. These diverse pathways accommodate varying safety concerns, literacy levels, cultural factors, and communication preferences while ensuring universal accessibility across all housing configurations.

Documentation, signage ubiquity, handbook distribution, and inmate interviews confirm pervasive awareness alongside practical functionality. Universal staff training mandates immediate acceptance and documentation irrespective of delivery method or perceived credibility, creating receptive 24-hour reporting environment throughout facility operations.

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

Provision (b): Independent External Reporting Infrastructure

Beyond internal mechanisms, inmates access external reporting through Securus Technologies partnership providing continuous *661 PREA Hotline, ADOC Crime Tip Line, Lifelines Counseling, and ACAR support services. These public/private entities operate completely independent of facility administration, accepting fully anonymous reports through confidential unrecorded channels with direct electronic transmission to PREA Director ensuring unbiased external review.

Comprehensive hotline verification across housing units confirmed full operational readiness. External service integration creates essential transparency layer beyond institutional command structure while preserving allegation credibility through specialized external intake protocols and independent investigative routing.

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

Provision (c): Mandatory Universal Staff Reporting Obligations

Every facility employee bears non-discretionary responsibility to immediately accept, document, and forward sexual abuse/harassment allegations regardless of submission source—direct verbal disclosure, anonymous writing, third-party transmission, or incidental overhearing. Staff interviews evidenced comprehensive protocol mastery: zero discretion permitted regarding initial report acceptance or preliminary credibility evaluation.

Chain-of-command forwarding occurs without avoidable delay alongside IPCM/PREA Director escalation privileges. Inmate Handbook reinforces institutional confidentiality commitment, serious investigation protocols, and reporter safeguards. AR #454 extends mandatory reporting to suspected retaliation or enabling staff neglect, creating comprehensive accountability spanning entire employee population.

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

Provision (d): Confidential Staff Reporting Protections

Personnel access secure retaliation-proof reporting channels paralleling inmate infrastructure. IPCM verification confirmed private internal pathways enabling misconduct elevation without command reprisal exposure risk. Policy guarantees confidential direct access to PREA Director or external investigative authorities, cultivating institutional self-regulation capacity.

Parallel staff safeguards enable early misconduct intervention while protecting whistleblower identity through specialized channels. Zero-tolerance institutionalization through employee-specific reporting creates comprehensive accountability ecosystem encompassing entire institutional community rather than solely inmate population.

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

CONCLUSION

Following meticulous documentation scrutiny, direct operational verification across reporting infrastructure, and extensive interviews spanning inmate populations through institutional leadership, the Auditor confirms complete compliance with PREA Standard §115.51, Inmate Reporting.

Sophisticated multi-layered reporting architecture integrates internal immediacy with external independence, anonymity options with formal processes, and universal staff receptivity with confidential staff channels. Pervasive signage reinforcement, handbook codification, verified hotline functionality, secure drop box access, and demonstrated universal awareness create institutional environment where every inmate confidently utilizes preferred disclosure pathway. Policy mandates, operational readiness, and behavioral evidence reflect mature zero-tolerance commitment through accessible credible reporting mechanisms ensuring institutional accountability.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted an exhaustive examination of documentation from both Alabama Department of Corrections (ADOC) central office and facility operations to verify compliance with PREA Standard §115.52, Exhaustion of Administrative Remedies. This comprehensive review focused on grievance procedures specifically designed to address sexual abuse allegations while maintaining accessibility, timeliness, and robust procedural protections for reporting inmates.</p> <p>The facility's completed Pre-Audit Questionnaire (PAQ) provided essential baseline data regarding grievance volume and processing, supported by extensive materials detailing formalized procedures for receiving, routing, investigating, and resolving PREA-related complaints. ADOC Administrative Regulation (AR) #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) established comprehensive PREA reporting framework including specialized grievance handling distinct from routine administrative complaints.</p> <p>ADOC Administrative Regulation #406 - Inmate Grievance Policy (effective August 1, 2023) outlined formal processing timelines, emergency procedures, third-party assistance protocols, and anti-retaliation safeguards specific to sexual abuse allegations. The ADOC Inmate Handbook clearly communicated these processes in accessible language, ensuring inmates understood their rights, procedural options, and protection guarantees. Collectively, these materials evidenced sophisticated grievance infrastructure prioritizing allegation seriousness over administrative convenience.</p> <p><u>INTERVIEWS</u></p> <p>Random Inmates</p> <p>Inmates demonstrated strong procedural awareness, confirming grievances could be filed anytime regardless of incident timing with full anonymity protection available. They understood formal written submission through secure channels alongside alternative reporting via PREA drop boxes or *661 hotline during emergencies. Interviewees expressed confidence in serious, prompt handling of sexual abuse complaints with explicit anti-retaliation protections clearly communicated through signage and handbook materials.</p> <p>Random Staff</p> <p>Personnel consistently articulated PREA grievance protocols distinguishing sexual abuse complaints from routine administrative matters. Staff confirmed mandatory acceptance of all allegations regardless of submission method, with immediate routing to designated PREA investigators rather than standard grievance</p>

coordinators. They emphasized confidentiality safeguards, 10-day Step 1 response requirements, 90-day final resolution timelines, and absolute prohibition against accused staff reviewing complainant allegations.

PROVISIONS

Provision (a): Specialized PREA Grievance Processing Pipeline

The agency maintains dedicated administrative procedures specifically addressing sexual abuse grievances, immediately diverting such complaints from routine processing into formal PREA investigative channels. During the past twelve months, facility records documented one sexual abuse grievance properly routed to qualified investigators with final resolution achieved within mandated 90-day timeframe.

Upon receipt, PREA grievances trigger dedicated case file creation and investigator assignment, removing complaints from standard grievance tracking while preserving documentation continuity. Both AR #454 and Inmate Handbook clearly delineate this specialized pathway, ensuring inmates understand expedited investigative transition protecting allegation integrity from initial submission through resolution.

Relevant Policy: AR #454, Section V.G.1(a), page 20

Provision (b): Unlimited Filing Timeline Without Informal Resolution

Inmates may submit sexual abuse grievances at any time regardless of incident chronology, completely bypassing informal resolution requirements or sequential administrative steps preceding formal complaints. This barrier-free access eliminates procedural delays or coerced pre-filing negotiations, ensuring immediate investigative access for time-sensitive allegations.

Policy explicitly preserves full formal grievance rights without prerequisite staff consultations or progressive disciplinary attempts, prioritizing victim protection over administrative efficiency while maintaining comprehensive documentation of all reporting attempts.

Relevant Policy: AR #454, Section V.G.1(a), page 20

Provision (c): Accused Staff Exclusion from Grievance Review

Grievance policy prohibits submission of sexual abuse complaints directly to accused staff members and explicitly bars such personnel from reviewing, resolving, or influencing allegation processing. This structural safeguard preserves impartiality, eliminates intimidation potential, and maintains investigative integrity by routing complaints exclusively through independent PREA-designated channels.

Procedural separation ensures complainant safety throughout grievance lifecycle while preventing accused personnel access to sensitive allegation details or reporter identity, fulfilling PREA's core impartiality mandate through institutionalized conflict isolation.

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

Provision (d): Standardized Timely Grievance Response Protocols

Institutional Grievance Officer maintains strict 10-calendar-day Step 1 response obligation for all PREA complaints with 90-day final resolution requirement. No sexual abuse grievances required emergency processing during audit period, confirming standard procedure sufficiency. Established timelines create predictable accountability while enabling thorough investigative coordination without compromising allegation urgency.

Uniform processing deadlines across grievance categories ensure consistent institutional responsiveness, balancing thoroughness requirements with victim-centered promptness expectations throughout multi-level review sequence.

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

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

Inmates receive documented third-party grievance preparation assistance from fellow inmates, staff, family, attorneys, or external advocates while retaining exclusive submission authority preserving personal agency and confidentiality. Policy establishes dedicated emergency grievance procedure for imminent sexual abuse risk allegations requiring 48-hour initial response and 5-day final resolution through expedited Warden/IPCM/LESD coordination.

No emergency grievances occurred during review period, but comprehensive procedural readiness ensures immediate activation capability. AR #406 delineates specific roles across Institutional Grievance Officer, Warden, IPCM, and LESD ensuring seamless crisis response while maintaining documentation rigor matching standard grievances.

Relevant Policy: AR #454, Section V.G.1(a-j), pp. 20-21; Section K.1-2(a-f), pp. 30-31; Section V.G., K.1, pp. 10-11

Provision (f): Expedited Emergency Grievance Resolution

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

AR #406 Sections AA(1) and AA(4) institutionalize this accelerated pathway ensuring crisis-level allegations receive priority processing without compromising investigative thoroughness or documentation standards. Zero emergency grievances during review period confirms procedural readiness through established non-use.

Relevant Policy: AR #406, Sections AA(1), AA(4)

Provision (g): Absolute Protection Against Retaliatory Discipline

	<p>Written policy prohibits inmate discipline for filing sexual abuse grievances unless bad faith filing demonstrably proven through clear evidentiary standard. No retaliatory discipline occurred during review period. Policy extends comprehensive anti-retaliation protections against staff or inmate reprisals connected to grievance utilization, establishing specific disciplinary consequences for retaliatory conduct.</p> <p>This unconditional filing protection removes deterrence barriers while maintaining narrow bad faith exception preserving system integrity. Institutionalized reprisal prohibitions create safe administrative remedy environment essential for effective PREA compliance.</p> <p>Relevant Policy: AR #454, Section H.1.C, p. 31; Section K.1-2(a-f), pp. 30-31</p> <p><u>CONCLUSION</u></p> <p>Following meticulous documentation scrutiny, extensive staff and inmate interviews revealing comprehensive procedural fluency, and verification of specialized grievance infrastructure, the Auditor confirms full compliance with PREA Standard §115.52, Exhaustion of Administrative Remedies.</p> <p>Sophisticated grievance system eliminates access barriers through unlimited timelines, accused staff exclusion, emergency protocols, third-party assistance, and absolute anti-retaliation protections while maintaining rigorous documentation and timely resolution standards. Clear handbook communication, universal staff training, inmate awareness, and demonstrated single-case processing efficacy reflect mature institutional capacity ensuring every sexual abuse allegation receives immediate, impartial, credible administrative review as PREA foundationally requires.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor performed an exhaustive and methodical assessment of documentation originating from both Alabama Department of Corrections (ADOC) central administration and facility operations to confirm compliance with PREA Standard §115.53, Inmate Access to Outside Victim Advocates. This comprehensive evaluation scrutinized established systems guaranteeing inmate access to confidential emotional support services through independent community-based trauma advocacy organizations.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) established critical baseline metrics regarding victim services infrastructure, supported by extensive operational materials detailing seamless coordination between correctional administration and external</p>

crisis intervention providers. ADOC Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) provided authoritative policy foundation governing prevention protocols, reporting procedures, response coordination, and mandated external victim advocacy access with clearly delineated confidentiality boundaries.

Pivotal partnership documentation included the facility's current Memorandum of Understanding (MOU) with Alabama Coalition Against Rape (ACAR) institutionalizing confidential emotional support services for sexual abuse survivors irrespective of incident chronology. Bilingual PREA informational posters, *ADOC Advocacy Hotline (661) reference documentation, and county-specific ACAR crisis center directories (featuring Lifelines Family Counseling Center coordinates) verified comprehensive statewide service coverage. These integrated resources demonstrated sophisticated external support architecture ensuring trauma-informed care accessibility throughout ADOC correctional system.

OBSERVATIONS

On-site inspection of the facility confirmed strategic, comprehensive deployment of PREA educational materials throughout housing units, communal spaces, program areas, and circulation corridors. "NO MEANS NO" posters maintained prominent visibility in English and Spanish formats, guaranteeing accessibility for inmates with limited English proficiency while clearly communicating institutional zero-tolerance commitment alongside external victim advocacy resources.

All materials exhibited current publication dates, excellent legibility, and optimal positioning maximizing continuous inmate exposure across daily movement patterns. Strategic placement integrated trauma support information seamlessly with reporting mechanisms, creating institutional environment where external advocacy services maintain equal visibility with internal PREA compliance infrastructure.

INTERVIEWS

SAFE/SANE Medical Personnel

Forensic examination staff confirmed all sexual abuse medical evaluations occur at USA Freestanding ER in Mobile, AL—maintaining dedicated SANE facility with established on-call activation protocols. Transportation coordination ensures SANE personnel availability upon inmate arrival, delivering comprehensive examinations at zero cost to victims with no financial responsibility transfer under any circumstances, fully aligning with PREA victim-centered care mandates.

Institutional PREA Compliance Manager (IPCM)

The IPCM detailed operational coordination protocols systematically connecting sexual abuse-reporting inmates with ACAR/Lifelines partnerships. Comprehensive intake orientation and immediate post-allegation notifications guarantee advocacy rights awareness, supported by documented procedures facilitating crisis intervention, emotional support, and forensic accompaniment services as clinically

indicated.

Inmates (Random Selection)

Interviewees exhibited solid comprehension of external confidential emotional support entitlements, accurately identifying *661 ADOC PREA hotline while acknowledging recorded communications may serve legitimate security and investigative purposes. Inmates confirmed community advocacy service visibility through pervasive signage/poster reinforcement and verified access procedures alongside appropriate confidentiality boundary recognition involving imminent harm or vulnerable population protection requirements.

Lifelines Family Counseling Center Representative

Telephonic verification confirmed trained victim advocates' continuous availability providing emotional support services spanning pre-examination preparation through post-forensic follow-up coordination. Advocates disclose confidentiality parameters at service initiation—encompassing institutional safety imperatives, mandatory reporting statutes, medical treatment protocols, and investigative necessities—securing informed consent while maintaining rigorous PREA confidentiality standards.

Alabama Coalition Against Rape (ACAR) Representatives

ACAR leadership verified statewide ADOC partnership delivering confidential emotional support through 1-800-639-4357 (NEW HELP) accessible via inmate telephones (4:00 p.m.–9:00 p.m. daily) or correspondence to P.O. Box 4091, Montgomery, AL 36102. Local crisis center coordination guarantees geographical coverage matching ADOC facility distribution, emphasizing universal eligibility irrespective of victimization timing or location.

PROVISIONS

Provision (a): Comprehensive Independent Victim Advocacy Infrastructure

Inmates maintain meaningful access to external victim advocates delivering specialized emotional support services addressing sexual abuse allegations. Active ACAR MOU and Lifelines Family Counseling Center directory institutionalize statewide crisis intervention availability, validated through IPCM coordination protocols and community partner interviews confirming operational readiness.

Facility policy mandates comprehensive notification of sexual abuse-reporting inmates regarding crisis intervention entitlements, forensic medical accompaniment rights, and advocate support availability during examinations and investigative interviews. Non-detention policies for civil immigration purposes ensure universal service eligibility across entire inmate population irrespective of legal status.

Relevant Policy: ADOC AR #454, Section V.H., pp. 23-24

Provision (b): Secure Communication Systems with Clear Confidentiality

Parameters

Comprehensive on-site telephone testing spanning multiple housing units verified *661 PREA hotline continuous functionality with automated messaging detailing toll-free anonymous access protocols. Facility policy mandates supervisory/intermediate staff verification each shift guaranteeing uninterrupted operational readiness across 24-hour coverage.

External advocate interviews confirmed systematic inmate notification of service confidentiality boundaries at engagement initiation, artfully balancing trauma support imperatives with institutional safety requirements and mandatory reporting obligations. Qualified medical/mental health practitioners retain clinical authority determining appropriate crisis service activation while ensuring prompt external support mobilization for validated allegations.

Relevant Policy: ADOC AR #454, Section V.H.1-2, pp. 23-24

Provision (c): Institutionalized Community Partnership Frameworks

Current ADOC-ACAR MOU meticulously delineates crisis center service delivery responsibilities ensuring confidential emotional support availability statewide through established local provider networks. Unmonitored 1-800-639-4357 NEW HELP hotline maintains strict PREA confidentiality standards while ACAR coordinates comprehensive geographical response infrastructure matching ADOC facility distribution patterns.

External partners verified universal service eligibility irrespective of abuse chronology or location, with MOU remaining actively maintained on-site serving operational reference function. Formalized partnership architecture institutionalizes trauma support continuum guaranteeing consistent quality, PREA-compliant confidentiality, and statewide correctional system accessibility.

Relevant Policy: ADOC AR #454, Section V.H.3, p. 24

CONCLUSION

Following meticulous documentation scrutiny encompassing formalized MOUs, regulatory frameworks, operational records, and service directories; rigorous on-site verification spanning educational materials, communication infrastructure, and signage deployment; and comprehensive interviews traversing inmates, IPCM, SAFE/SANE personnel, Lifelines Counseling, and ACAR leadership, the Auditor confirms complete compliance with PREA Standard §115.53, Inmate Access to Outside Victim Advocates.

Sophisticated external trauma support infrastructure integrates seamlessly throughout internal PREA operational architecture, delivering verified communication channels, institutionalized crisis center partnerships, and transparently communicated confidentiality parameters. Visible educational reinforcement, operational telephone infrastructure validation, and demonstrated multi-stakeholder coordination reflect institutional sophistication ensuring every sexual abuse-reporting

	inmate receives timely, confidential, professionally delivered victim advocacy services precisely as PREA mandates.
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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>The Auditor conducted an exhaustive and precise evaluation of documentation spanning both Alabama Department of Corrections (ADOC) central administration and individual facility operations to confirm compliance with PREA Standard §115.54, Third-Party Reporting. This comprehensive assessment extended beyond internal policy frameworks to encompass publicly accessible information prominently featured on the agency's official website, with particular emphasis on dedicated PREA resources and external reporting infrastructure designed for non-institutional stakeholders.</p> <p>The facility's completed Pre-Audit Questionnaire (PAQ) provided essential operational baseline data, supported by extensive materials detailing coordinated procedures enabling reports from individuals outside correctional environments. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) served as foundational policy authority establishing comprehensive directives governing prevention, detection, reporting, and response protocols explicitly accommodating third-party submissions from family members, legal representatives, advocates, and concerned citizens.</p> <p>Review of Law Enforcement Sensitive Disclosure (LESD) reporting tools alongside public-facing PREA webpage content confirmed prominent display of dedicated agency email address DOC.PREA@doc.alabama.gov specifically engineered for external allegation submission. Public website navigation verification identified PREA link under "About ADOC" section leading directly to comprehensive third-party reporting instructions including online submission portals and formal investigative request activation procedures. These integrated mechanisms evidenced deliberate institutional architecture ensuring external reporters encounter zero procedural barriers when safeguarding inmate welfare.</p> <p>INTERVIEWS</p> <p>Inmates</p> <p>Comprehensive inmate interviews across general population and specialized housing revealed sophisticated understanding of third-party reporting entitlements. Interviewees consistently identified family members, friends, attorneys, victim advocates, and concerned citizens as authorized external reporters capable of</p>

submitting allegations on their behalf through multiple agency-provided channels.

Several inmates articulated strategic awareness that direct personal reporting carries potential institutional exposure risks, expressing confidence that external contacts could navigate ADOC's public website or contact PREA Director directly. Universal recognition of accessible third-party pathways reflected pervasive institutional communication effectiveness alongside trust in external reporting infrastructure integrity.

PROVISIONS

Provision (a): Comprehensive Publicly Accessible External Reporting Infrastructure

ADOC maintains robust, publicly accessible reporting mechanisms enabling third parties to submit sexual abuse and harassment allegations with complete compliance to PREA accessibility mandates. Auditor verification confirmed intuitive website navigation directing external reporters from "About ADOC" section to dedicated PREA landing page featuring PREA Director contact information and multiple submission pathways.

Online formal investigative request portal activates comprehensive third-party reporting protocols while DOC.PREA@doc.alabama.gov provides direct electronic allegation submission independent of institutional gatekeepers. Family members, legal counsel, victim advocates, and concerned citizens encounter zero procedural obstacles, with multiple redundant channels enhancing accessibility while institutionalizing transparency and accountability commitments safeguarding inmate populations.

Relevant Policy: AR #454, V.G.1.a, p. 21; V.G.2.a, p. 21

CONCLUSION

Following meticulous documentation scrutiny encompassing PAQ data, AR #454 policy architecture, public website infrastructure verification, external reporting mechanism testing, and comprehensive inmate interviews demonstrating sophisticated third-party reporting awareness, the Auditor confirms complete compliance with PREA Standard §115.54, Third-Party Reporting.

ADOC delivers exceptional external reporting accessibility through intuitive public website navigation, dedicated PREA email infrastructure, and formalized online investigative request portals eliminating institutional barriers for concerned citizens, family members, advocates, and legal representatives. Inmate confidence in third-party submission integrity reflects pervasive communication effectiveness alongside demonstrated trust in accessible, transparent allegation channels protecting welfare through community partnership. Strategic redundancy across multiple external pathways exemplifies mature institutional commitment extending PREA protections beyond facility walls through empowered external oversight.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted an exhaustive and systematic evaluation of training records, curricula, attendance documentation, and certification materials submitted by both Alabama Department of Corrections (ADOC) central administration and facility operations to verify compliance with PREA Standard §115.61, Ongoing Training. This comprehensive review focused on sustained staff competency maintenance through regular, documented PREA education ensuring institutional readiness across all personnel categories.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) provided essential training metrics spanning multiple annual cycles, supported by extensive records confirming universal employee coverage through mandatory refresher instruction. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025), Section V.G.2, a-f, established comprehensive agency-wide training mandates governing prevention protocols, reporting obligations, confidentiality standards, trauma-informed response, investigative coordination, and inmate safety measures.</p> <p>Training verification materials included annual PREA refresher course rosters demonstrating 100% employee participation, curriculum modules addressing current PREA standards and emerging best practices, post-training assessments confirming competency attainment, and specialized medical/mental health training records verifying trauma-informed care proficiency. Refresher training schedules evidenced systematic annual delivery preventing knowledge degradation while ad-hoc training documentation confirmed response to policy updates or incident trends. These integrated records reflected deliberate institutional commitment to sustained PREA operational excellence.</p> <p>INTERVIEWS</p> <p>Medical Staff</p> <p>Healthcare practitioners confirmed annual PREA refresher participation emphasizing trauma-informed care protocols, evidence preservation standards, confidentiality boundary communication, and mandatory reporting obligations integrated within clinical workflows. Medical personnel verified specialized training addressing forensic medical response coordination, SANE accompaniment procedures, and inmate notification requirements prior to sensitive disclosures ensuring clinical excellence coexists with institutional accountability imperatives.</p> <p>Facility Head</p> <p>Leadership verified comprehensive oversight of annual training compliance through automated tracking systems and IPCM certification processes, confirming universal</p>

employee coverage irrespective of tenure or operational role. Facility Head emphasized training evolution incorporating recent PREA audit findings, policy clarifications, and emerging trauma response best practices maintaining institutional readiness across administrative, operational, and clinical personnel spectrums.

Random Staff

Operational personnel across housing, programs, and security demonstrated current comprehensive PREA fluency spanning mandatory reporting triggers, need-to-know confidentiality protocols, inmate access facilitation, third-party reporting awareness, and retaliation monitoring responsibilities. Staff confirmed annual refresher relevance addressing contemporary facility-specific risks, communication updates, and procedural refinements ensuring sustained operational competency throughout multi-year service.

PREA Director

The PREA Director detailed statewide training standardization through AR #454 V.G.2 a-f mandates while confirming facility-specific customization addressing local population characteristics and operational realities. Director verified training assessment rigor including practical scenario testing, policy comprehension validation, and behavioral competency evaluation preventing rote memorization substitution for functional institutionalization.

PROVISIONS

Provision (a): Annual Comprehensive Refresher Training Mandate

Agency policy mandates annual PREA refresher training for all employees, volunteers, and contractors ensuring sustained prevention, reporting, and response competency across institutional population. PAQ records confirm 100% annual coverage through documented attendance rosters spanning multiple recent training cycles with curriculum addressing current PREA standards, facility-specific risks, and emerging best practices.

Training infrastructure institutionalizes continuous professional development preventing knowledge degradation while integrating lessons learned from recent audits, incident reviews, and policy evolution maintaining institutional readiness matching dynamic correctional environment demands.

Relevant Policy: AR #454, V.G.2.a, p. 22

Provision (b): Trauma-Informed Response Competency Development

Annual refreshers emphasize trauma-informed practices including victim-centered communication, evidence preservation protocols, controlled information dissemination, and sensitivity training recognizing impact of repeated disclosures on survivor recovery trajectories. Medical and first responder training integrates clinical best practices with PREA mandates ensuring seamless care-investigative coordination without compromising treatment integrity.

Specialized modules address psychological first aid principles, secondary victimization prevention, and long-term recovery support recognition creating institutional culture prioritizing survivor dignity alongside operational accountability throughout response continuum.

Relevant Policy: AR #454, V.G.2.b, p. 23

Provision (c): Universal Mandatory Reporting Reinforcement

Training systematically reinforces non-discretionary immediate reporting obligations spanning direct knowledge, reasonable suspicion, third-party information, retaliation indicators, and enabling neglect identification irrespective of incident venue or chronology. Personnel demonstrate practical application through scenario-based assessments testing real-time decision-making under operational pressures eliminating discretionary filtering during critical allegation receipt phase.

Refresher content addresses communication chain proficiency ensuring IPCM, PREA Director, and designated investigator notification protocols execute flawlessly across 24-hour operations preventing informational silos or response delays compromising allegation integrity.

Relevant Policy: AR #454, V.G.2.c, p. 23

Provision (d): Confidentiality Architecture Institutionalization

Annual instruction rigorously trains need-to-know information controls limiting PREA data dissemination to essential supervisory, investigative, and treatment personnel while prohibiting superfluous disclosure risking survivor stigmatization. Staff master controlled information collection protocols protecting inmates from immediate harm pending qualified investigator assumption of comprehensive case responsibility.

Training integrates Informed Consent for Medical Services protocols authorizing clinically necessary information sharing while maintaining comprehensive confidentiality safeguards balancing institutional response imperatives against survivor privacy rights throughout multi-disciplinary coordination.

Relevant Policy: AR #454, V.G.2.d, p. 23

Provision (e): Specialized Population Statutory Training

Refresher curriculum addresses mandatory external reporting triggers involving youthful inmates under age 18 or vulnerable adults per Alabama statutes, confirming routing protocols through Department of Human Resources ensuring appropriate external protective intervention activation. Training distinguishes internal PREA processes from statutory community protection obligations creating comprehensive safeguarding continuum.

Facility-specific modules address population demographics, jurisdictional nuances, and inter-agency coordination protocols ensuring universal personnel competency matching local operational realities and legal mandates.

	<p>Relevant Policy: AR #454, V.G.2.e, p. 23 Relevant Policy: AR #454, V.G.2.f, p. 23</p> <p>CONCLUSION</p> <p>Following documentation scrutiny encompassing PAQ training metrics, AR #454 V.G.2 a-f regulatory mandates, comprehensive attendance rosters, curriculum materials, assessment records, and specialized medical training verification; alongside extensive interviews spanning PREA Director, Facility Head, medical practitioners, and operational personnel evidencing current comprehensive PREA fluency; the Auditor confirms compliance with PREA Standard §115.61, Ongoing Training.</p> <p>The facility exemplifies sustained training architecture institutionalizing annual refresher mandates, trauma-informed response competency, universal reporting fluency, rigorous confidentiality mastery, and statutory population safeguards. Universal personnel demonstrate current operational proficiency reflecting deliberate institutional commitment ensuring every employee maintains PREA readiness matching dynamic correctional environment demands throughout continuous service tenure.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Auditor performed an exhaustive evaluation of documentation submitted by both Alabama Department of Corrections (ADOC) central administration and facility operations to confirm compliance with PREA Standard §115.62, Ongoing Protective Actions. This comprehensive assessment scrutinized risk assessment frameworks, protective strategy implementation protocols, and coordinated response mechanisms designed to identify, neutralize, and continuously mitigate sexual abuse threats against inmates.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) provided critical baseline data regarding risk intervention metrics, supported by extensive operational records demonstrating systematic threat identification and resolution. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) established authoritative agency-wide standards governing immediate protective intervention, housing reassessment protocols, and continuous safety monitoring post-allegation.</p> <p>The Coordinated Response Plan delineated precise staff responsibilities spanning allegation receipt through sustained risk mitigation. Twelve-month audit period records confirmed zero inmate transfers necessitated by imminent sexual abuse risk, reflecting proactive internal resolution capacity. Integrated documentation</p>

architecture evidenced deliberate institutional prioritization of inmate protection through structured, least-restrictive intervention strategies.

INTERVIEWS

Facility Head

Leadership detailed sophisticated risk management continuum commencing with immediate separation protocols progressing through individualized housing reassessment and continuous monitoring. The Facility Head confirmed credible threat identification triggers non-discretionary protective intervention prioritizing least restrictive options—internal housing relocation preceding external transfer consideration while maintaining comprehensive supervisory oversight of all protection decisions.

Random Staff

Operational personnel demonstrated comprehensive procedural fluency articulating absolute duty to immediately separate alleged victims from identified perpetrators upon allegation receipt or credible threat identification. Staff verified Coordinated Response Plan execution encompassing supervisory notification, evidence preservation protocols, and continuous risk monitoring post-separation preventing re-contact while facilitating comprehensive IPCM-led threat evaluation and housing resolution.

PROVISIONS

Provision (a): Immediate Individualized Intervention Against Imminent Sexual Abuse Risk

Facility operations mandate immediate protective action whenever credible information identifies inmate facing substantial imminent sexual abuse risk, with PAQ confirming zero transfers required during preceding twelve months reflecting robust internal resolution capacity. AR #454 prohibits involuntary administrative/punitive segregation absent exhaustive reasonable alternative housing evaluation, institutionalizing least-restrictive protection principle throughout risk response continuum.

According to AR #454 the Institutional PREA Compliance Manager (IPCM) bears primary responsibility evaluating reported threats and recommending targeted housing modifications or transfers, with Warden/designee providing final supervisory approval ensuring accountability alongside operational flexibility. Twelve-month zero-transfer record evidences sophisticated proactive intervention preventing escalation to external relocation necessity while maintaining comprehensive protection documentation.

Relevant Policy: ADOC AR #454, Section IV.K.3, page 11

CONCLUSION

	<p>Following documentation scrutiny encompassing PAQ risk metrics, AR #454 regulatory framework, Housing Designation Logs, Coordinated Response Plan, and twelve-month operational records; comprehensive interviews with Facility Head and operational staff evidencing universal procedural fluency; the Auditor confirms complete compliance with PREA Standard §115.62, Ongoing Protective Actions.</p> <p>The facility demonstrates proactive risk mitigation sophistication through immediate separation mandates, individualized least-restrictive housing protocols, continuous IPCM-led threat evaluation, and rigorous supervisory oversight of protection decisions. Zero-transfer audit period performance reflects mature internal resolution capacity ensuring every identified sexual abuse risk triggers prompt, deliberate, policy-driven intervention safeguarding inmates through structured protective continuum precisely as PREA requires.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a thorough review of materials from both the Alabama Department of Corrections (ADOC) central office and facility operations to assess compliance with PREA Standard §115.63, Reporting to Other Confinement Facilities. The evaluation centered on established protocols for receiving, documenting, and communicating allegations of sexual abuse or harassment originating from external institutions.</p> <p>The facility's Pre-Audit Questionnaire (PAQ) provided baseline data on cross-facility reporting activity, supported by documentation outlining notification procedures and investigative coordination. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) offered clear guidance on agency responsibilities when allegations involve other confinement facilities.</p> <p>ADOC Form 454-F served as the standardized tool for documenting external notifications. Records confirmed zero cross-facility allegations received during the prior twelve months, with available documentation demonstrating readiness for compliant processing when required.</p> <p>INTERVIEWS</p> <p>Agency Head Designee</p> <p>The Agency Head Designee outlined statewide procedures for managing PREA notifications involving external facilities, confirming consistent application of investigative protocols regardless of allegation origin. They verified that sexual abuse,</p>

harassment, and staff misconduct reports implicating other confinement facilities follow identical standards ensuring proper notification, documentation, and follow-up coordination.

Facility Head

The Facility Head described operational handling of external allegations, confirming immediate investigator assignment upon receipt alongside mandatory notification to the originating facility head or designated office within 72 hours. Leadership verified zero such allegations occurred during the audit period but emphasized established processes remain fully operational for future implementation.

PROVISIONS

Provision (a): Mandatory External Facility Notification Protocol

Agency policy requires the receiving facility head to notify the head of the facility (or appropriate office) where an alleged sexual abuse incident occurred within 72 hours of allegation receipt. PAQ records confirm zero such notifications required during the previous twelve months, with Facility Head verifying procedural readiness through available documentation and established chain-of-command.

AR #454 clearly delineates notification responsibilities ensuring institutional accountability spans jurisdictional boundaries while maintaining comprehensive investigative continuity when inmates transfer between confinement facilities.

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

Provision (b): Strict 72-Hour Communication Deadline

Notifications to external confinement facilities must occur promptly but no later than 72 hours post-allegation receipt, balancing urgency with procedural thoroughness. Facility Head confirmed no notifications needed during audit period, supported by IPCM memorandum and ADOC Form 454-F readiness demonstrating established documentation process for required future communications.

Structured timelines institutionalize inter-facility coordination preventing delays compromising allegation investigation or inmate protection across correctional system boundaries.

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

Provision (c): Comprehensive Notification Documentation Standards

All external facility notifications utilize ADOC Form 454-F creating uniform audit trail verifying 72-hour compliance. Facility Head verified zero notifications required during review period while confirming form availability and procedural familiarity ensuring consistent documentation when external reporting activates.

Standardized forms maintain institutional accountability through complete records preservation even during infrequent cross-jurisdictional allegation scenarios,

supporting PREA audit verification and continuous process improvement.

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

Provision (d): Uniform Cross-Facility Investigative Procedures

Allegations received from external facilities or agencies receive identical investigative treatment per PREA standards and agency policy. Facility Head confirmed established procedures remain fully operational despite zero audit period occurrences, guaranteeing prompt allegation assessment, trained investigator assignment, and systematic compliance monitoring matching internal case processing rigor.

Consistent investigative standards across jurisdictional boundaries ensure allegation integrity preservation regardless of originating confinement facility while maintaining comprehensive ADOC-wide accountability.

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

CONCLUSION

Following detailed documentation analysis including PAQ metrics, AR #454 protocols, Form 454-F readiness, and IPCM memoranda; alongside interviews with Agency Head Designee and Facility Head confirming procedural fluency; the Auditor determines full compliance with PREA Standard §115.63, Reporting to Other Confinement Facilities.

Established processes guarantee timely 72-hour notifications, standardized documentation through Form 454-F, and uniform investigative treatment across jurisdictional boundaries despite zero audit period occurrences. Clear policy guidance, operational readiness, and leadership verification demonstrate structured approach ensuring inmate protection continuity when allegations span multiple confinement facilities.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor conducted a detailed review of materials from both Alabama Department of Corrections (ADOC) administration and facility operations to assess compliance with PREA Standard §115.64, Staff First Responder Duties. The evaluation examined policies, procedures, and training resources guiding staff responses to sexual abuse and harassment allegations.</p> <p>Pre-Audit Questionnaire (PAQ) data provided incident metrics from the audit period, supported by documentation outlining first responder protocols. Administrative</p>

Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) established clear guidance on responder responsibilities, evidence preservation, reporting requirements, and medical/mental health coordination.

PREA First Responder Duty Cards and PREA Pocket Guide for First Responders—issued to all staff—served as immediate reference tools outlining required actions. Records documented one staff-on-inmate sexual abuse allegation, two inmate-on-inmate sexual abuse allegations, and one staff-on-inmate sexual harassment allegation during the twelve-month period, all investigated criminally and determined unsubstantiated. Each case included medical/mental health service offers, retaliation monitoring, written outcome notifications, and required incident reviews (sexual abuse cases only).

INTERVIEWS

Inmates Who Reported Sexual Abuse

Inmates who had reported sexual abuse described staff responses as consistent and prompt. They noted that staff acted quickly upon receiving reports, immediately arranging forensic medical examinations and offering victim advocate accompaniment to explain procedures and provide support during exams. Interviewees confirmed no charges for medical services, no polygraph requirements, and receipt of written investigation outcome notifications for each case, aligning with established policy standards.

Non-Security Staff - First Responders

Non-security personnel demonstrated clear understanding of first responder roles, explaining they would immediately notify security, separate involved parties, preserve the scene, and maintain confidentiality while prioritizing affected inmate well-being. Interviewees referenced duty cards and pocket guides confirming practical familiarity with required actions across all staff categories.

Security Staff - First Responders

Security personnel outlined sequential response protocols: immediate separation of involved parties, scene preservation, supervisory notification, and evidence protection. They confirmed annual PREA training through in-service sessions, staff meetings, and mentorship reinforcing trauma-informed practices, professional conduct, and policy adherence during critical incidents.

PROVISIONS

Provision (a): Established First Responder Protocols and Reference Materials

Facility maintains formal first responder policy per AR #454 with security and non-security staff demonstrating full procedural awareness. Laminated PREA First Responder Duty Cards outline required steps while PREA: A Trauma-Informed Guide for First Responders provides comprehensive reference covering definitions, response

	<p>protocols, and resource coordination.</p> <p>PAQ records document three sexual abuse allegations (one staff-on-inmate, two inmate-on-inmate) and one sexual harassment allegation during audit period—all criminally investigated, determined unsubstantiated, with medical/mental health services offered, retaliation monitoring conducted, written notifications provided, and sexual abuse incident reviews completed within 30 days.</p> <p>Relevant Policy: ADOC AR #454, Section V.I.1-3, pp. 24-25</p> <p>Provision (b): Universal Staff First Responder Training</p> <p>Training materials confirm all staff—including contractors and volunteers—receive first responder preparation emphasizing scene isolation, party separation, evidence preservation, and accurate information relay to investigators. Non-security staff interviews verified comprehension despite no audit period service as initial responders.</p> <p>Training reinforces consistent application across personnel categories ensuring operational readiness regardless of staff role or incident location within facility boundaries. Reference materials and ongoing instruction support policy implementation during actual allegations.</p> <p>Relevant Policy: ADOC AR #454, Section V.I.4, p. 25</p> <p>CONCLUSION</p> <p>Following detailed review of PAQ incident data, AR #454 protocols, first responder reference materials, training records, and interviews with security/non-security personnel, the Auditor determines full compliance with PREA Standard §115.64, Staff First Responder Duties.</p> <p>Staff across categories demonstrate clear understanding of response responsibilities with accessible duty cards and pocket guides supporting trauma-informed practices. Established training and documented allegation handling—including three unsubstantiated sexual abuse cases and one sexual harassment case—confirm policy implementation consistent with agency standards and PREA requirements.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor reviewed documentation from both Alabama Department of Corrections (ADOC) headquarters and facility operations to evaluate compliance with PREA</p>

Standard §115.65, Coordinated Response. The assessment examined structured protocols coordinating multidisciplinary staff actions following sexual abuse and harassment allegations.

The Pre-Audit Questionnaire (PAQ) confirmed existence of a written Coordinated Response Plan assigning specific responsibilities across first responders, medical/mental health staff, investigators, supervisors, and leadership. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) provided agency-wide guidance detailing each role from allegation receipt through investigation and post-incident review.

PREA First Responder Duty Card—a laminated pocket reference issued to all staff—outlined sequential response steps. The PREA: A Trauma-Informed Guide for First Responders spiral-bound manual offered comprehensive procedures covering definitions, prevention, response protocols, and resource coordination. Facility-specific Coordinated Response Standard Operating Procedure (SOP) specified responsibilities across security, healthcare, mental health, investigative, and administrative functions ensuring continuity from report through resolution.

INTERVIEWS

Facility Leadership

The Facility Head confirmed full implementation of the Coordinated Response Plan aligned with PREA and ADOC policy. Leadership described role-specific responsibilities ensuring coordination among first responders, medical/mental health practitioners, investigators, and administrators while prioritizing alleged victim safety alongside investigative integrity.

Ongoing training through annual in-service sessions, staff meetings, shift briefings, and incident reviews reinforces procedures. PREA First Responder Duty Card and Pocket Guide serve as practical tools ensuring consistent trauma-informed responses across all personnel categories regardless of assignment or shift.

PROVISIONS

Provision (a): Comprehensive Multidisciplinary Response Framework

The facility maintains a written institution-wide Coordinated Response Plan integrating first responders, medical/mental health staff, investigators, and leadership actions following sexual abuse reports. Policy review and leadership interviews confirm active plan implementation guiding immediate victim protection, perpetrator separation, scene preservation, and investigative initiation.

AR #454 Sections H.1–H.5 detail first responder duties, supervisory oversight, investigative authority, special investigator responsibilities, and medical/mental health procedures alongside comprehensive staff/inmate reporting requirements. This integrated framework ensures all personnel understand their roles and coordination points supporting structured trauma-informed responses.

	<p>Relevant Policy: ADOC AR #454, Sections H.1-H.5, pp. 27-30</p> <p><u>CONCLUSION</u></p> <p>Following examination of PAQ data, AR #454 protocols, Coordinated Response Plan, SOPs, first responder reference materials, and Facility Head interview, the Auditor determines full compliance with PREA Standard §115.65, Coordinated Response.</p> <p>The facility maintains a clearly defined multidisciplinary response system reinforced through training and practical job aids. Established procedures across staff roles support trauma-informed practices ensuring prompt victim protection, evidence preservation, and investigative coordination consistent with agency policy and PREA standards.</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><u>DOCUMENT REVIEW</u></p> <p>The Auditor examined documentation from Alabama Department of Corrections (ADOC) central administration and facility operations to verify compliance with PREA Standard §115.66, S Preservation of ability to protect inmates from contact with abusers. The review focused on agency capacity to implement immediate protective measures separating accused abusers from inmate contact pending investigation.</p> <p>The Pre-Audit Questionnaire (PAQ) confirmed Alabama maintains no collective bargaining agreements with correctional staff, eliminating contractual barriers to prompt administrative action. Administrative Regulation #454 - Inmate Sexual Abuse and Harassment (effective May 29, 2025) explicitly authorized facility leadership to enact immediate interventions including reassignment, duty modification, access restriction, or complete removal from inmate contact during investigations.</p> <p>Supporting records verified non-union employment status across all personnel categories with no labor agreements limiting administrative authority. Audit period documentation confirmed zero incidents requiring staff removal from inmate contact, demonstrating procedural readiness despite lack of implementation.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>The Agency Head designee confirmed ADOC employs all correctional staff as non-union personnel with no collective bargaining participation. This structure guarantees unrestricted facility leadership authority to immediately reassign accused staff,</p>

modify duties, restrict facility access, or implement complete inmate contact separation pending investigation completion.

The designee verified zero audit period incidents necessitated such measures but emphasized full operational readiness. Procedures prioritize inmate safety while preserving investigative integrity through established administrative action protocols.

PROVISIONS

Provision (a): Unrestricted Immediate Protective Action Authority

State employment structure eliminates collective bargaining constraints while AR #454 grants facility leadership complete authority for immediate administrative intervention protecting inmates from staff accused of sexual abuse. Available measures include temporary reassignment, duty modification, access restriction, or full removal from inmate contact pending investigation resolution.

PAQ and designee verification confirm zero audit period applications reflecting operational readiness. Non-union status ensures decisions execute promptly based solely on protection requirements without contractual delay or negotiation.

Relevant Policy: ADOC AR #454, Section V.J.1-3, pp. 28-29

Provision (b): Non-Applicable Labor Agreement Assessment

This provision requires no evaluation as facility operations maintain no collective bargaining agreements or labor union constraints affecting administrative authority implementation.

CONCLUSION

Review of PAQ employment data, AR #454 administrative protocols, non-union status verification, and Agency Head designee interview confirms full compliance with PREA Standard §115.66, Staff Administrative Leave Authority.

ADOC maintains complete authority for immediate staff separation measures eliminating contractual barriers to inmate protection. Established reassignment, duty modification, and access restriction protocols remain fully operational despite zero audit period applications, ensuring leadership can act decisively safeguarding inmates when sexual abuse allegations against staff arise.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

The Auditor reviewed documentation from Alabama Department of Corrections (ADOC) central administration and facility operations to evaluate compliance with PREA Standard §115.67, Agency Protection Against Retaliation. The assessment examined policies and procedures preventing reprisal against individuals reporting sexual abuse or participating in investigations.

The Pre-Audit Questionnaire (PAQ) provided baseline data on monitoring activities, supported by Administrative Regulation #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) establishing retaliation prevention framework. ADOC Form 454-D, Sexual Abuse/Harassment Retaliation Monitoring, documented systematic status checks tracking potential reprisal indicators. Records confirmed zero substantiated retaliation incidents during the prior twelve months.

INTERVIEWS

Inmates

Inmates who reported sexual abuse described staff responses as prompt and supportive. They confirmed immediate forensic medical exam referrals when appropriate, victim advocate accompaniment during procedures, no medical service charges, no polygraph requirements, and receipt of written investigation outcome notifications. No inmates were housed in segregation due to reporting or victimization risk assessment.

Retaliation Monitor

The designated Retaliation Monitor explained proactive monitoring procedures treating prevention as ongoing responsibility. Monitoring covers alleged victims, witnesses, reporters, and staff expressing reprisal concerns through documented weekly status checks for minimum 90 days using Form 454-D. The Monitor confirmed zero substantiated retaliation incidents during preceding twelve months.

Facility Head

The Facility Head outlined institutional safeguards including housing, work placement, and disciplinary action oversight alongside staff evaluations and reassignments. Monitoring extends 90 days minimum with extensions as needed, prioritizing detection of behavioral changes indicating potential reprisal across all involved parties.

Agency-Level Leadership

Leadership confirmed monitoring initiation upon PREA allegation receipt continuing minimum 90 days with warranted extensions. Protections cover alleged victims, reporters, witnesses, and staff voicing reprisal concerns, ensuring comprehensive coverage beyond direct complainants.

PROVISIONS

Provision (a): Formal Retaliation Prevention Policy and Oversight

Agency maintains written policy protecting staff and inmates reporting sexual abuse/harassment or assisting investigations from retaliation. Monitoring continues minimum 90 days with extensions as needed, with Institutional PREA Compliance Manager (IPCM) overseeing all activities. Documentation and interviews confirm structured implementation.

Relevant Policy: ADOC AR #454, Section V.K.1, p. 31

Provision (b): Range of Protective Intervention Measures

Facility implements housing changes, work reassignments, perpetrator separation, and mental health support access reducing retaliation risk. Form 454-D review confirms zero substantiated retaliation among prior twelve months' sexual abuse allegations, demonstrating consistent safeguard application.

Relevant Policy: ADOC AR #454, Section V.K.2, p. 31

Provision (c): Systematic Behavioral Change Monitoring

Policy requires monitoring inmates and staff for behavioral shifts or treatment changes indicating retaliation over minimum 90 days with possible extensions. PAQ responses and interviews confirm zero retaliation incidents during audit period, verifying consistent oversight application.

Relevant Policy: ADOC AR #454, Section V.K.3, p. 32

Provision (d): Standardized Retaliation Monitoring Documentation

Monitoring records through ADOC Form 454-D capture dates, actions, observations, determinations, and required signatures including IPCM approval. Form review confirms weekly status checks creating consistent audit trail for potential retaliation identification and response.

Relevant Policy: ADOC AR #454, Section V.K.4, p. 32

Provision (e): Universal Retaliation Protection Availability

Protections extend to any individual—victim, witness, or staff—expressing retaliation fear related to PREA matters. Staff interviews confirm accessibility commitment with prompt concern addressing across all involvement categories.

Relevant Policy: ADOC AR #454, Section V.K.5, p. 32

Provision (f): Non-Applicable Assessment

This provision requires no evaluation.

CONCLUSION

Review of PAQ monitoring data, AR #454 policy framework, Form 454-D records, and interviews with inmates, Retaliation Monitor, Facility Head, and agency leadership confirms the facility exceeds compliance with PREA Standard §115.67, Agency

	<p>Protection Against Retaliation.</p> <p>The exceeds determination is based on weekly documented monitoring through Form 454-D, comprehensive policy coverage, universal staff/inmate protection, and zero substantiated retaliation incidents demonstrate structured prevention system. Inmates report confidence in safeguards supporting safety and accountability culture consistent with PREA requirements.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>The Auditor reviewed documentation from Alabama Department of Corrections (ADOC) administration and facility operations to assess compliance with PREA Standard §115.68, Post-Allegation Protective Custody. The evaluation examined procedures for considering and implementing protective custody following sexual abuse allegations.</p> <p>Pre-Audit Questionnaire (PAQ) data confirmed handling of post-allegation housing decisions, supported by ADOC Administrative Regulation #454M - Inmate Sexual Abuse and Harassment (effective May 29, 2025) establishing guidance limiting segregation use. ADOC Form 454-H, PREA Post-Allegation Protective Custody provided structured documentation for decision rationale when protective custody consideration arises. Records showed zero instances of involuntary segregation for sexual abuse reporters or victims during the prior twelve months.</p> <p><u>OBSERVATIONS</u></p> <p>Facility tour confirmed no inmates reporting sexual abuse occupied restrictive housing. All housing assignments followed standard classification procedures. The facility maintains no segregation unit, eliminating involuntary segregation capacity for protective purposes.</p> <p><u>INTERVIEWS</u></p> <p>Staff Responsible for Supervising Inmates in Segregation</p> <p>No segregation unit exists at the facility, so no staff interviews conducted for this standard.</p> <p>Facility Head</p> <p>Leadership confirmed strict adherence to ADOC policy prohibiting involuntary segregation of sexual abuse victims unless all alternative housing options prove</p>

unsuitable. Protective custody decisions require formal documentation via Form 454-H and supervisory approval with mandatory 30-day reviews assessing continued necessity. Feasible alternatives include facility transfers avoiding restrictive housing reliance.

PROVISIONS

Provision (a): Restrictive Segregation Prohibition with Alternatives

Policy prohibits involuntary segregation of sexual abuse victims absent comprehensive alternative housing evaluation. PAQ and records confirm zero short-term (1-24 hours) or extended (>30 days) involuntary placements during prior twelve months. Form 454-H documents decision processes when protective custody consideration arises.

Even during rare protective segregation, inmates retain programming, education, and privilege access consistent with safety requirements. Mandatory 30-day reviews determine ongoing separation necessity ensuring least restrictive duration.

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

CONCLUSION

Review of PAQ housing data, AR #454M protocols, Form 454-H procedures, facility observations confirming no segregation unit, and Facility Head interview verifies full compliance with PREA Standard §115.68, Post-Allegation Protective Custody.

Absence of segregation capacity combined with policy-driven alternative prioritization and zero involuntary placements demonstrates adherence to least-restrictive housing practices. Established review procedures and documentation standards ensure compliance with trauma-informed response requirements when protective custody consideration arises.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To assess compliance with PREA Standard §115.71, the Auditor conducted a detailed examination of materials submitted by the facility and the Alabama Department of Corrections (ADOC). Among the primary documents reviewed were the completed Pre-Audit Questionnaire (PAQ) and supporting records outlining investigative processes and outcomes. Key reference documents included ADOC Administrative Regulation (AR) #454, Inmate Sexual Abuse and Harassment (May 29, 2025), ADOC Administrative Regulation #300, Institutional Management, and the Standard

Operating Procedure Investigations & Intelligence (SOP I&I) #454, PREA Sexual Assault Investigations.

Supplemental materials such as ADOC Form #454-C – Investigative Summary Report, Investigative Review Team meeting minutes, case outcome forms, and Notification to Inmate documents provided an in-depth look at how allegations are received, investigated, and resolved. Collectively, the documentation illustrated a consistent investigative framework emphasizing timeliness, evidence preservation, accountability, and transparent documentation.

INTERVIEWS

Interviews with facility and departmental personnel confirmed that investigative procedures were aligned with PREA expectations.

Institutional PREA Compliance Manager (IPCM)

The IPCM emphasized that no investigation is discontinued solely because of a transfer, release, or staff separation. Every case proceeds to formal closure, ensuring that all allegations are addressed fully and responsibly, regardless of whether the involved parties remain in custody or employment.

Investigative Staff

Investigators described how inquiries begin immediately upon receipt of any report, whether verbal, written, anonymous, or third-party. They outlined a standardized sequence of interviews beginning with the victim, followed by witnesses, and concluding with the alleged perpetrator. Investigative personnel are trained through the National Institute of Corrections (NIC) program to handle evidence appropriately and conduct interviews using trauma-informed methods. When medical evidence is required, the Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) team is engaged. Investigators explained that compelled interviews occur only after consultation with prosecutorial authorities to protect potential criminal proceedings.

Each case includes a review of whether staff actions or inactions may have contributed to the event, and full written reports are completed to document findings. Investigations continue even when either party leaves DOC custody or employment, preserving accountability and due process.

PREA Director

The PREA Director confirmed that criminal and administrative investigative records are retained for the full duration of an individual’s incarceration or employment, plus five years following release or separation, aligning with ADOC retention policy. The Director also stated that inmate-related data are stored indefinitely in the agency system, ensuring accessibility for oversight and review.

Facility Head or Designee

The Facility Head reported that over the past twelve months, there were no substantiated allegations referred for prosecution. This information was consistent with the documentation reviewed and matched findings within the Investigative Summary Reports.

Inmates Who Reported Sexual Abuse

Interviews with individuals who had personally reported sexual abuse provided a human dimension to the audit process. Their accounts echoed consistency: staff members reacted promptly to allegations, took immediate protective actions, and, when relevant, arranged forensic examinations without delay. Many individuals spoke appreciatively of being offered the assistance of victim advocates—professionals who explained investigative steps and provided compassionate, ongoing support.

These individuals confirmed they were never charged for medical or forensic services and were not asked to participate in polygraph tests or any other credibility-screening methods. Several mentioned receiving written notifications summarizing investigative outcomes. Collectively, their testimony affirmed that investigations within this facility are victim-centered, procedurally transparent, and faithful to PREA’s core principles.

PROVISIONS

Provision (a) Prompt and Thorough Investigations

Agency policies require that all allegations of sexual abuse or sexual harassment be investigated promptly and thoroughly. These expectations are outlined in AR #454 and SOP I&I #454 and were verified during staff interviews. Investigations begin immediately upon receipt of a report, regardless of the reporting method, and proceed in a structured order—victim, witnesses, then alleged perpetrator. Each investigation includes a review of any contributing staff conduct to ensure accountability.

Records reviewed, including Investigative Summary Reports, confirmed that all investigations conducted during the audit period were initiated without delay and completed methodically. This consistent practice reflects the facility’s adherence to established timelines and its commitment to thorough investigative outcomes.

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) Specialized Training for Investigators

All investigators receive specialized training consistent with PREA Standard §115.34 and SOP I&I #454. This instruction includes evidence preservation, trauma-informed interviewing, and documentation requirements. Investigators also receive guidance on identifying staff misconduct and maintaining impartiality in every step of the process.

Training records confirmed that each assigned investigator has completed the required coursework. Interviewees demonstrated strong familiarity with investigation

procedures, ensuring that administrative and criminal cases are handled with accuracy and consistency across the agency.

Provision (c) Evidence Collection and Preservation

Evidence handling follows strict procedures designed to protect integrity and continuity of the chain of custody. Investigative steps emphasize systematic interviews, thorough review of physical and electronic data, and documentation of all collected materials.

Investigators confirmed that evidence—physical, testimonial, or circumstantial—is preserved according to policy, with clear recordkeeping to support both administrative and criminal case development. Audit documentation verified consistent adherence to these expectations, reinforcing reliability and professional standards in every investigation.

Provision (d) Compelled Interviews and Prosecutorial Coordination

The facility’s policy ensures that compelled interviews are conducted only after consultation with appropriate prosecutorial authorities. This coordination prevents potential conflicts with criminal cases while allowing administrative investigations to continue as necessary. Review of case files and staff interviews verified that this practice is consistently observed and properly documented, reflecting alignment between investigative oversight and prosecutorial standards.

Provision (e) Credibility Assessment and Evidence Integrity

Credibility assessments are completed for all involved parties—victims, witnesses, and alleged perpetrators—based on interview content, corroborating evidence, and behavioral consistency rather than subjective impressions. Investigators clearly stated that polygraphs or truth-telling devices are never used. Documentation reviewed confirmed impartial and consistent credibility evaluations, ensuring fairness and factual accuracy in every case outcome.

Provision (f) Administrative Investigation and Staff Accountability

Administrative investigations include an explicit review of staff actions to determine whether any conduct, omission, or failure to act contributed to the incident. Written reports contain detailed narratives summarizing evidence, participant statements, and conclusions regarding staff accountability. These findings inform follow-up actions, including retraining or disciplinary measures when necessary, reinforcing responsibility and oversight throughout the facility.

Provision (g) Comprehensive Documentation of Criminal Investigations

Criminal investigations are fully documented with summaries of evidence, interview transcripts, and supporting physical or electronic materials. Investigators compile all relevant data within detailed reports that are securely maintained to support both agency review and potential prosecution. The audit confirmed that case documentation consistently included the required detail to ensure transparency,

traceability, and completeness.

Provision (h) Retention of Investigative Records

In line with ADOC policy, investigative records are retained for the term of employment or incarceration, plus five years, ensuring that all documentation remains available for future review. Files are stored securely, organized systematically, and accessible solely to authorized personnel. The PREA Director confirmed that this retention schedule is consistently applied, maintaining compliance and long-term integrity of investigative data.

Provision (i) Cooperation with External Investigative Bodies

Although investigations are conducted primarily by the ADOC's Law Enforcement Services Division (LESD), facility leadership confirmed a standing policy of full cooperation with external agencies if circumstances warrant outside involvement. Staff indicated they would provide timely access to records, evidence, and personnel when requested, supporting interagency accountability and compliance.

Provision (j) Continuation of Investigations After Departure

Investigations continue until fully resolved, even if a party leaves the agency. Both the IPCM and PREA Director confirmed that no case is ever discontinued because of release, transfer, or employee separation. Documentation shows that evidence collection and report preparation proceed until findings are finalized. This practice maintains institutional accountability and reflects the agency's commitment to seeing every case through to its conclusion.

Provision (k) Not Applicable for This Audit

This provision was not evaluated as part of the present audit period and does not affect the facility's compliance rating under PREA Standard §115.71.

Provision (l) Internal Investigations and Commitment to External Collaboration

Currently, all PREA-related investigations are conducted internally by LESD, which oversees both administrative and criminal inquiries. This centralized structure ensures consistent application of investigative procedures statewide. However, the facility has indicated its readiness to cooperate fully should external agencies become involved, providing full transparency and access to relevant documentation and personnel.

This dual commitment—to internal consistency and external cooperation—demonstrates a balanced approach that reinforces procedural integrity and compliance with PREA's investigative standards.

CONCLUSION

After reviewing agency policies, investigative case files, and interview responses, the Auditor determined that the facility fully complies with PREA Standard §115.71 -

	<p>Criminal and Administrative Investigations. The evidence demonstrates that investigations are conducted promptly, documented thoroughly, and coordinated appropriately with legal authorities when needed. Staff accountability is consistently evaluated, and all findings are supported by structured evidence collection and secure record retention.</p> <p>The facility's processes illustrate a stable and well-maintained investigative framework, ensuring that all allegations are handled with objectivity, care, and full adherence to PREA's investigative standards.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.72, the Auditor conducted a detailed review of agency policies, regulatory requirements, and supporting documentation submitted by the facility and the Alabama Department of Corrections (ADOC). Among the primary materials reviewed were the completed Pre-Audit Questionnaire (PAQ) and the associated documentation provided in support of the standard.</p> <p>Two core policy documents guided the review: ADOC Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), and ADOC Administrative Regulation (AR) #300, Investigations and Intelligence Division (dated August 11, 2004). Together, these documents define the evidentiary threshold applicable to administrative and criminal investigations related to sexual abuse and harassment, while also describing how investigative findings are reviewed and distributed within the agency.</p> <p>The reviewed materials demonstrate a structured and consistent investigative process where determinations are made using an established evidentiary standard and findings are routed through designated levels of review. This system ensures procedural fairness, transparent reporting, and accountability at both the facility and departmental levels.</p> <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>Investigative personnel described in practical terms how evidentiary standards and reporting procedures are applied within daily operations. They explained that upon receiving an allegation, investigators work to identify, collect, and preserve all relevant physical, testimonial, and documentary evidence. Staff members stated that</p>

interviews are conducted systematically—beginning with the reported victim, followed by witnesses, and concluding with the alleged perpetrator—to obtain a complete and impartial account of the event.

After the evidence-gathering process is completed, investigators compile the findings into a formal written report. This report, supported by all relevant documentation, is forwarded through established channels for review by facility administrators and, when criminal conduct is suspected, to the appropriate District Attorney’s Office. Investigators emphasized that their responsibility extends to ensuring every report is complete, factual, and supported by verifiable evidence.

When asked about the applicable evidentiary threshold, staff consistently confirmed that administrative findings rely on the preponderance of the evidence standard—meaning that a determination must show that the alleged conduct was more likely than not to have occurred. This evidentiary requirement applies to all sexual abuse and sexual harassment cases within the facility. In some instances, a lower threshold may apply for initial internal reviews, but the preponderance standard governs final administrative determinations as required by PREA and departmental policy.

Provision (a) - Evidentiary Standard and Distribution of Investigative Findings

Agency policy clearly establishes that the evidentiary standard for substantiating administrative allegations of sexual abuse or sexual harassment is based on a preponderance of the evidence. Under this standard, an allegation is substantiated when the evidence indicates it is more likely than not that the conduct occurred. This requirement ensures uniformity in investigative determinations and provides an objective basis for findings across all facilities operated by ADOC.

In addition to defining the standard of proof, the policy prescribes the distribution process for investigative findings compiled by the Law Enforcement Services Division (LESD), formerly referred to as the Investigations and Intelligence Division. Completed investigative reports are reviewed and disseminated according to a structured hierarchy designed to maintain oversight, confidentiality, and timely administrative or prosecutorial response.

Reports are sent to the Commissioner of Corrections or a designated representative, relevant Deputy Commissioners or Institutional Coordinators, and the official who requested the investigation. When criminal behavior is identified, reports are forwarded directly to the District Attorney’s Office in the county with jurisdiction. For investigations involving central office personnel, the distribution is limited to the Commissioner to protect case integrity and sensitive information.

This systematic approach to distribution ensures that decision-making occurs at appropriate levels of command authority, that oversight bodies have full access to investigative results, and that potential criminal cases are promptly directed to prosecutorial review. By combining a clearly defined evidentiary threshold with a transparent distribution structure, the agency reinforces its commitment to fairness,

	<p>due process, and accountability within all investigative procedures.</p> <p>Relevant Policy: ADOC Administrative Regulation #454, V.H.3.a-g, pp. 26-27 ADOC Administrative Regulation #300, p. 5</p> <p>CONCLUSION</p> <p>After reviewing agency regulations, supporting documentation, and interview responses from investigative staff, the Auditor concludes that the Alabama Department of Corrections and the facility meet the requirements of PREA Standard §115.72. The agency consistently applies the preponderance of the evidence standard to administrative investigations of sexual abuse and harassment, ensuring that determinations are made on an objective and credible basis.</p> <p>The formalized procedures governing the dissemination of investigative findings demonstrate clear lines of accountability and appropriate oversight. Together, these practices reflect a structured, fair, and transparent investigative process that upholds the intent and requirements of the PREA standard while promoting consistency across both facility-level and system-wide operations.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.73, the Auditor conducted a thorough review of documentation provided by both the facility and the Alabama Department of Corrections (ADOC). Materials included the completed Pre-Audit Questionnaire (PAQ), investigative outcome and disposition reports, signed Notification to Inmate forms, and minutes from Investigative Review Team meetings. Two key policy documents guided the review: ADOC Administrative Regulation (AR) #454, Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), and related procedural directives within the agency’s reporting and investigation framework.</p> <p>Together, these materials outlined a clear system for ensuring that inmates are notified of the results of investigations involving allegations of sexual abuse or sexual harassment. Policy requires that each investigative outcome be documented, communicated, and retained through standardized processes that guarantee timeliness and confidentiality. Case file reviews confirmed that these notifications are issued, recorded, and securely maintained, demonstrating consistency between established policy and operational practice.</p>

INTERVIEWS

Investigative Staff

During interviews, investigators explained in detail how the notification process functions once an investigation concludes. The Law Enforcement Services Division (LESD) prepares and issues written close-out letters to both the alleged victim and the alleged perpetrator. These letters identify the outcome of the investigation—substantiated, unsubstantiated, or unfounded—while preserving confidentiality by omitting sensitive or unnecessary details.

Investigative personnel stressed that written notification represents an essential step in the investigative process, ensuring that every involved party is fully informed of the outcome. They further noted that the date and method of notification are documented in each investigative file, providing a verifiable record of compliance. This practice supports agency transparency and upholds the PREA requirement that inmates receive timely, clear communication regarding allegations in which they were involved.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed that the facility tracks the issuance of notifications through both electronic and hard-copy documentation. The IPCM emphasized that notifications are not only a compliance measure but also an accountability tool that allows leadership to verify that all investigative closures have included direct inmate communication.

PROVISIONS

Provision (a) - Timely Notification of Investigation Outcomes and Victim Support Measures

Documentation and investigative records showed that within the past twelve months, the facility received three allegations of sexual abuse. One allegation involved staff and was investigated by the Law Enforcement Services Division as a potential criminal matter. The case was classified as unsubstantiated, and prosecution was declined. The remaining three allegations involved inmate-on-inmate conduct. All were investigated criminally, resulting in findings of unsubstantiated, and no prosecutions were pursued.

The records demonstrated that facility staff responded to each allegation in accordance with policy. The inmates were promptly offered medical and mental health services, and retaliation monitoring protocols were implemented. Upon completion of the investigations, each inmate received written notification of the case outcome. Additionally, a Sexual Abuse Incident Review was completed within 30 days of closure, consistent with PREA and agency requirements. These steps confirm that the facility followed procedures ensuring both timely support and formal communication of investigative results.

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

Provision (b) - Applicability

This provision does not apply to the facility for the current audit period, as no cases during the review cycle met the criteria for evaluation under this section. The standard remains in place should it become applicable in future reporting periods.

Provision (c) - Notification Requirements in Staff-Involved Allegations

Agency policy instructs that inmates must be informed if an allegation involves staff and results in a change in the staff member's employment or assignment. Specifically, inmates are to be notified if the staff member is no longer employed by the ADOC, is no longer assigned to the facility, or has been indicted or convicted on charges related to sexual abuse. These notifications are documented and retained according to policy to demonstrate compliance and protect accountability.

A review of documentation and policy language confirmed that these procedures are clearly defined and consistently implemented during relevant investigations. The careful recording of each communication ensures continuity in notification practices and upholds the facility's responsibility to keep inmates informed of developments that may affect their safety or well-being.

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

Provision (d) - Absence of Criminal Indictments in Inmate-on-Inmate Cases

As indicated in Provision (a), the facility had no inmate-on-inmate sexual abuse cases during the review period that resulted in criminal indictment. Therefore, no notifications under this category were required. However, procedures for such notifications remain in place should similar incidents occur in future reporting periods.

Provision (e) - Consistent Application of Notification Procedures

The PAQ and supporting investigative documentation confirm that three allegations of sexual abuse were reported within the past twelve months, all reviewed under Provision (a). Staff interviews and document examination verified consistent implementation of required notification procedures. Each inmate involved received written confirmation of the investigative findings within an appropriate timeframe, and records were retained within case files. The process demonstrated a consistent approach to communication that aligns with PREA's intent to ensure transparency, timeliness, and accountability in investigative outcomes.

Provision (f) - Not Subject to Current Audit Requirement

This provision is not required for assessment during this audit cycle and does not affect the determination of compliance with PREA Standard §115.73.

CONCLUSION

Based on a comprehensive review of agency policy, investigative reports, inmate correspondence, and interview findings, the Auditor concludes that the Alabama Department of Corrections and the facility meet the requirements of PREA Standard

	<p>§115.73 – Reporting to Inmates.</p> <p>The facility consistently applies its notification policy, ensuring that inmates are promptly informed of investigation outcomes while maintaining confidentiality and documentation standards. Procedures are uniformly executed and clearly recorded, demonstrating a reliable process that promotes transparency and institutional accountability. The agency’s approach reflects alignment with PREA’s expectations for fair communication, timely follow-up, and respect for the rights and safety of all individuals involved.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To evaluate compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff, the Auditor conducted a comprehensive review of agency and facility documentation to assess the structure and implementation of staff accountability measures. Materials examined included the completed Pre-Audit Questionnaire (PAQ), Alabama Department of Corrections Administrative Regulation (AR) #454 – Operations & Legal, Inmate Sexual Abuse and Harassment (dated May 29, 2025), AR #208 – Personnel, Employee Standards of Conduct and Discipline (dated May 1, 2024), and the corrective action tables outlined in ADOC 208 Annex E.</p> <p>Collectively, these documents establish a detailed and formalized disciplinary system governing staff conduct. The policies clearly define expectations for professional behavior, outline investigative and corrective procedures, and articulate the full spectrum of sanctions applicable to violations involving sexual abuse, sexual harassment, or sexual misconduct. The review confirmed that the agency maintains a structured disciplinary matrix that promotes consistency, fairness, and transparency. Documentation further demonstrated that sanctions are not discretionary in nature when substantiated violations of sexual abuse occur; rather, termination is identified as the presumptive response in alignment with PREA requirements. Overall, the written framework reflects a zero-tolerance approach supported by enforceable standards and procedural safeguards.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>Interviews were conducted with the Facility Head to verify implementation of policy and actual practice. The Facility Head affirmed that every staff member, regardless of rank or tenure, is subject to disciplinary action for violations of agency sexual abuse, sexual harassment, or sexual misconduct policies. It was emphasized that termination</p>

is the presumptive sanction for any staff member found to have engaged in sexual abuse, and that this standard is applied uniformly.

The Facility Head reported that within the previous twelve months, one staff member was found to have violated sexual abuse or sexual harassment policy. The individual resigned prior to the completion of the termination process. The Facility Head confirmed that the resignation occurred in lieu of termination and that the agency's disciplinary procedures were followed in accordance with established policy. The interview responses were consistent with documentation reviewed and demonstrated alignment between policy and operational practice.

PROVISIONS

Provision (a) - Mandatory Disciplinary Standards and Presumptive Termination

Agency policy clearly establishes that all staff are subject to disciplinary sanctions for violations of sexual abuse or sexual harassment policies. AR #454 expressly provides that staff who engage in sexual abuse in a correctional or confinement setting, who are convicted of forced or coerced sexual activity in the community, or who are civilly or administratively adjudicated for such conduct, are subject to formal sanctions. The regulation identifies termination as the presumptive disciplinary action for staff found to have engaged in sexual abuse. This firm standard ensures accountability and reflects the agency's adherence to PREA's zero-tolerance mandate.

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

Provision (b) - Application of Disciplinary Measures Within the Past Twelve Months

Documentation contained within the PAQ and confirmed through interview reflects that one staff member violated sexual abuse or sexual harassment policy during the past twelve months. The staff member resigned prior to termination. The agency's disciplinary structure includes a comprehensive matrix of corrective actions ranging from counseling to dismissal, as well as procedural requirements for Pre-Dismissal Conferences and documented resignations. Termination remains the standard response for substantiated sexual abuse violations, reinforcing consistency and deterrence.

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

Provision (c) - Proportional and Consistent Sanctioning Practices

The Auditor verified through policy review and interview that disciplinary sanctions are applied in a manner that is consistent, proportionate, and informed by both the severity of the offense and the staff member's prior disciplinary history. This structured approach promotes fairness while maintaining firm enforcement of PREA-related standards. The disciplinary matrix contained within AR #208 supports uniform application of sanctions and ensures that decisions are documented and procedurally

sound.

Relevant Policy: ADOC AR #208 – Personnel, Employee Standards of Conduct and Discipline (May 1, 2024)

Provision (d) – External Reporting Requirements for Termination or Resignation

Agency policy further requires that any termination, or resignation in lieu of termination, related to violations of sexual abuse or sexual harassment policies be reported to law enforcement authorities unless the conduct is clearly non-criminal. Additionally, the agency is required to notify relevant professional licensing bodies when applicable. The Facility Head confirmed that during the previous twelve months no criminal conduct was identified that required referral to law enforcement. Documentation and interview responses were consistent in confirming compliance with these reporting obligations.

Relevant Policy: ADOC AR #208 – Personnel, Employee Standards of Conduct and Discipline (May 1, 2024)

CONCLUSION

After a thorough review of agency regulations, the Pre-Audit Questionnaire, supporting documentation, and information obtained through interview with the Facility Head, the Auditor finds that the agency and facility are in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff.

The agency demonstrates a well-defined and consistently implemented disciplinary framework that clearly communicates expectations, ensures accountability, and enforces termination as the presumptive sanction for substantiated sexual abuse. Policies are comprehensive, aligned with PREA mandates, and supported by documented procedures that promote fairness, consistency, and transparency. Staff are made aware of the consequences of policy violations, and the facility’s practices reflect the agency’s zero-tolerance commitment to preventing sexual abuse and sexual harassment within its correctional environment.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> To evaluate compliance with PREA Standard §115.77, the Auditor conducted an in-depth review of documentation provided by both the Alabama Department of Corrections (ADOC) and the facility. The 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 Administrative Regulation (AR) #454 – Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), which sets forth mandatory standards for the prevention, reporting, and management of incidents involving sexual abuse and harassment. The review also included Administrative Regulation (AR) #216 – Background Checks (dated January 31, 2025), which defines procedures and responsibilities for screening and monitoring staff, contractors, and volunteers.

Together, these regulations establish a comprehensive prevention and accountability structure designed to protect inmates from sexual abuse, ensure full reporting transparency, and mandate corrective measures when policy violations occur. The documents describe how contractors and volunteers are vetted before entering the correctional environment, how allegations are managed, and how corrective or disciplinary actions are executed in response to substantiated findings. The review confirmed a deliberate system of oversight that integrates immediate response requirements with preventive safeguards—ensuring that contractors and volunteers operate within a framework of professional accountability.

INTERVIEWS

Facility Head

To verify operational practice against policy, the Auditor interviewed the Facility Head, focusing on contractor and volunteer engagement, reporting protocols, and corrective measures implemented when necessary. The Facility Head reported that, during the twelve months preceding the audit, there were no incidents in which a contractor or volunteer engaged in sexual abuse or sexual harassment of an inmate. Accordingly, no referrals to law enforcement or professional oversight bodies were required within that period.

The Facility Head also stated that no contractors or volunteers were subject to policy-based disciplinary or remedial action during the review period. These statements aligned with both the PAQ responses and the documentation examined by the Auditor, confirming full compliance with PREA requirements. The interview demonstrated that facility leadership maintains a clear understanding of both immediate response and preventive screening measures, ensuring that written directives are consistently applied in everyday practice.

PROVISIONS

Provision (a) - Immediate Removal, Mandatory Reporting, and Ongoing Disclosure Safeguards

Agency policy requires the immediate removal of any contractor or volunteer alleged or found to have engaged in sexual abuse of an inmate. Administrative Regulation #454 mandates that individuals in violation of sexual abuse or sexual harassment policies be barred from further contact with inmates and that the incident be referred

to law enforcement unless determined to be clearly non-criminal. When applicable, notification must also be made to professional licensing or credentialing bodies, ensuring coordination beyond the facility level.

The Facility Head confirmed that these procedures are closely followed and that all allegations, should they occur, would result in immediate action and appropriate referrals. The Auditor's review of records confirmed that no such incidents were reported during the preceding twelve months.

In addition to its reactive elements, AR #454 incorporates preventive measures through ongoing disclosure requirements. It assigns the ADOC Personnel Division, or designated official, responsibility for ensuring that contractors and prospective employees understand the obligation to disclose prior misconduct and to maintain transparency throughout their tenure. Failure to disclose or falsify required information constitutes grounds for termination or disqualification. Disqualifying conduct includes any prior sexual abuse in a correctional or institutional setting and criminal, civil, or administrative findings related to non-consensual sexual activity or coercion.

These layered measures—combining screening, removal, reporting, and continuing disclosure—illustrate a stable and transparent system for maintaining institutional safety and professional standards. According to PAQ documentation, no contractor or volunteer was referred to law enforcement during the past twelve months for engaging in such conduct.

Relevant Policy: ADOC Administrative Regulation #454, Section IV.C.4, p.5; Section IV.O, p.12; Section V.b, p.16

Provision (b) - Remedial Action for Non-Criminal Policy Violations

While some violations may not rise to the level of criminal behavior, ADOC policy still mandates corrective action when a contractor or volunteer breaches sexual harassment or sexual abuse provisions. Remedial measures may include temporary restriction, permanent suspension of inmate contact, or removal from facility operations entirely, depending on the nature and seriousness of the violation. These graduated responses give administrators the authority to act appropriately while maintaining fairness and documentation of the resolution.

During the audit, the Facility Head confirmed that no policy violations by contractors or volunteers occurred within the past twelve months. This statement was verified through the PAQ and case record reviews.

Further, Administrative Regulation #216 - Background Checks reinforces preventive accountability by establishing standardized screening procedures prior to employment or volunteer service. The comprehensive screening packet, located on pages 10 through 18 of the regulation, includes mandatory disclosure questions concerning prior misconduct or involvement in sexual abuse or harassment. These pre-service checks serve as a critical prevention tool, helping to identify and disqualify individuals with prohibited histories before they are placed in positions

involving contact with inmates. Together, these proactive and reactive measures ensure that institutional safety and compliance are sustained across both facility and system levels.

CONCLUSION

After completing a detailed review of applicable policy documents, supporting case records, and the interview with the Facility Head, the Auditor determined that the Alabama Department of Corrections and the facility are compliant with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.

The ADOC has established a structured framework of prevention and accountability that defines screening criteria, mandates timely reporting, and enforces immediate removal and remedial actions when warranted. These policies are reinforced through background checks, clear disclosure expectations, and defined referral pathways to law enforcement and credentialing bodies.

The absence of contractor or volunteer violations during the review period supports the conclusion that preventative systems are functioning effectively. The agency’s adherence to its policies demonstrates a well-organized corrective structure that safeguards inmates, ensures procedural accountability, and maintains compliance with PREA’s standards for professionalism and safety within the correctional environment.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.78, the Auditor reviewed materials provided by both the facility and the Alabama Department of Corrections (ADOC). The documentation included the completed Pre-Audit Questionnaire (PAQ) and supporting records outlining investigative procedures and disciplinary responses to sexual abuse and sexual harassment cases involving inmates.</p> <p>Two key administrative regulations guided this review. Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025) defines investigative requirements and sanctioning protocols related to sexual misconduct, establishing a clear oversight and accountability process for staff and inmates alike. AR #403 – Procedures for Inmate Rule Violations (effective September 5, 2025) provides detailed guidance on formal disciplinary hearings, due process protections, and decision-making procedures associated with sanctioning inmates for rule violations.</p>

Together, these regulations create a procedural structure that balances firm accountability with fairness and rehabilitation. They identify the steps required to ensure disciplinary actions are imposed transparently, based on evidence and due process, and in alignment with the expectations of the PREA Standard.

INTERVIEWS

Institutional PREA Compliance Manager (IPCM)

The IPCM explained how rehabilitative and corrective measures are integrated into facility operations. These measures are available to any inmate whose conduct may reflect underlying behavioral or mental health concerns. The IPCM noted that therapeutic programming is accessible throughout the year, allowing for prompt referrals following an allegation or disciplinary finding.

Medical Staff

Medical staff confirmed that behavioral health professionals play an essential role in evaluating and addressing factors contributing to sexual misconduct. Counseling, therapy, and individualized treatment planning are integral to the facility's rehabilitative approach. Clinical assessments help inform disciplinary considerations, ensuring that sanctions reflect both the seriousness of the misconduct and the inmate's cognitive or mental health status.

Facility Head

The Facility Head verified that the agency strictly prohibits sexual activity between inmates and that disciplinary action is taken only following a formal process or a criminal conviction. The Facility Head stated that, within the twelve months preceding the audit, there were no substantiated administrative findings or criminal convictions involving inmate-on-inmate sexual abuse. It was further clarified that if sexual contact involves staff, disciplinary action is taken only when the investigation determines that the staff member did not consent. The Facility Head also confirmed that inmates who report sexual abuse in good faith are protected from disciplinary repercussions, even if an allegation is not substantiated.

Collectively, these interviews confirmed that policy directives are effectively applied in daily operations and that procedures supporting fairness, clinical input, and inmate accountability are firmly in place.

Provision (a) - Formal Disciplinary Process and Due Process Protections

Inmates may be subject to disciplinary sanctions for inmate-on-inmate sexual abuse only after completion of a formal disciplinary process resulting in an administrative finding or a criminal conviction. The PAQ and interviews confirmed that no such findings occurred during the past twelve months. Within that same period, the facility documented one allegation of sexual abuse and one of sexual harassment, both referred to law enforcement for review, though prosecution did not proceed.

Agency policy explicitly requires that disciplinary sanctions be imposed only when

supported by substantiated findings. This approach ensures that investigators and disciplinary hearing officers respect procedural fairness, uphold due process rights, and prevent punitive responses based solely on unverified claims.

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

Provision (b) - Proportional and Consistent Sanctioning Practices

Disciplinary sanctions are determined in proportion to the nature and circumstances of the offense, with documented consideration of aggravating and mitigating factors. The Facility Head confirmed that disciplinary outcomes are reviewed for consistency and compared against similar cases to maintain fairness across the inmate population.

The disciplinary process outlined in AR #454 ensures that decisions are based on established precedent and evidence rather than subjective interpretation. This structure preserves fairness while maintaining institutional order and accountability.

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

Provision (c) - Consideration of Mental Health and Developmental Factors

Before any disciplinary sanction is imposed, the facility examines whether an inmate's mental illness, intellectual disability, or developmental condition contributed to the behavior in question. The Facility Head reported that clinical evaluations are routinely sought when relevant and that treatment staff collaborate with disciplinary administrators to provide informed recommendations.

By including professional input, the agency ensures that disciplinary actions are both just and rehabilitative. This process aligns with PREA's emphasis on addressing behavioral causes and supporting recovery through structured care rather than applying solely punitive responses.

Relevant Policy: ADOC AR #454, p.22; Section V.H.4, p.26

Provision (d) - Access to Therapeutic and Rehabilitative Interventions

The facility integrates counseling and therapeutic interventions into case management for inmates who have engaged in or been accused of sexually abusive or harassing behavior. These services aim to address behavioral triggers, promote self-awareness, and reduce risk for further misconduct.

Interviews with medical staff and the IPCM confirmed that counseling may be recommended or required depending on clinical assessment outcomes. Participation in certain rehabilitative programs may also influence eligibility for privileges or work assignments. In these ways, the facility blends accountability with opportunities for behavioral development and personal improvement.

Provision (e) - Disciplinary Action for Sexual Contact with Staff Based on Consent Determinations

When sexual contact involves staff, disciplinary action for the inmate is contingent upon investigative findings confirming that the staff member did not consent. The Facility Head and IPCM both emphasized that such determinations are made only after a thorough review of all circumstances, ensuring fairness and protecting against assumptions. This policy aligns with PREA standards by preventing punishment of inmates in cases where consent from staff cannot be clearly established.

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

Provision (f) - Protection for Good Faith Reporting

The agency maintains explicit protections against disciplining inmates who report sexual abuse or sexual harassment in good faith, even if those allegations are later found unsubstantiated. The Facility Head and IPCM affirmed that all reports are evaluated based on reasonable belief and intent. This measure supports an environment where inmates can safely report misconduct without fear of reprisal or disciplinary backlash, reinforcing trust in the facility's reporting process.

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

Provision (g) - Prohibition of Inmate Sexual Activity and Distinction from Sexual Abuse

The facility's policy prohibits all sexual activity between inmates. However, classification as sexual abuse occurs only when the act involves coercion, force, or exploitation. The Facility Head explained that non-coercive sexual activity is treated as a rule violation but not categorized as sexual abuse unless power, threat, or compulsion is identified. This distinction clarifies enforcement responsibilities while preserving alignment with PREA's definitional standards.

Relevant Policy: ADOC Rules Violation Definitions, RV #912

CONCLUSION

Following a comprehensive review of applicable policies, documentation, and staff interviews, the Auditor finds the facility compliant with PREA Standard §115.78 - Disciplinary Sanctions for Inmates. The institution ensures a disciplinary process grounded in due process, equity, and individual assessment.

Policies are implemented consistently to promote accountability while providing rehabilitative opportunities rooted in clinical evaluation and behavioral development. The combination of procedural integrity, proportional sanctioning, and ongoing therapeutic access reflects a balanced approach that satisfies PREA requirements and supports the broader goal of maintaining a safe, fair correctional environment.

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 submitted by the facility and the Alabama Department of Corrections. Materials examined included the completed Pre-Audit Questionnaire (PAQ) and supporting documentation, 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.

Together, these materials reflect a structured and methodical approach to PREA intake screening, referral practices, reassessment timelines, and classification decision-making. The documentation demonstrates how medical and mental health information is collected, safeguarded, and appropriately utilized when managing individuals with a known or disclosed history of sexual victimization or sexually abusive behavior. Records reviewed were internally consistent and aligned with PREA requirements, accurately mirroring the processes described by staff during interviews and observed throughout the audit.

INTERVIEWS

Interviews were conducted with risk screening staff, medical and mental health professionals, and inmates who had previously disclosed sexual victimization to confirm implementation of policy and to assess the quality of follow-up care.

Staff responsible for conducting PREA intake screenings described the facility's procedures for gathering sensitive information and ensuring confidentiality. They explained that medical and mental health information is stored in a secure database accessible only to authorized clinical personnel. Information necessary for housing, classification, or safety determinations is shared with designated classification or security staff strictly on a need-to-know basis. This limited disclosure model allows staff to make informed safety decisions while preserving confidentiality protections.

Medical and mental health staff provided detailed explanations of the facility's response to disclosures of prior sexual victimization. They confirmed that individuals who report 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, referrals for further assessment or services are made based on clinical need. Interventions may include counseling, behavioral monitoring, or other therapeutic services tailored to the individual.

Staff emphasized that 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 and follow-up services are documented using standardized forms to ensure accountability, continuity of care, and effective tracking. Throughout interviews, staff consistently described a trauma-informed

approach that prioritizes dignity, confidentiality, and individualized support.

Inmates who had disclosed prior victimization reported that staff responded appropriately and respectfully at the time of disclosure. Those interviewed stated that they were offered mental health referrals promptly, in some cases on the same day as disclosure, and were referred for additional evaluation when indicated. Their accounts were consistent with documentation reviewed and staff interview responses.

PROVISIONS

Provision (a) - Timely Access to Services and Mental Health Follow-Up

Documentation and PAQ responses confirm that individuals who disclose prior sexual victimization—whether occurring in custody or within the community—are provided timely access to appropriate services. When clinically indicated, emergency medical care and crisis intervention are made available. In addition, individuals are offered the opportunity to meet with a mental health practitioner within 14 days of intake screening.

Policy requires that the offer of services, along with any acceptance or refusal of treatment, be clearly documented. Mental health professionals are also required to meet with individuals identified during screening as potential victims or aggressors to ensure early assessment and intervention. This structured follow-up process promotes early identification of needs and supports ongoing monitoring.

The PAQ and staff interaction confirmed in the past 12 months three inmates disclosed prior victimization during screening. All three inmates were offered a follow-up meeting with a medical or mental health practitioner.

Relevant Policy:

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

Provision (b) - Reassessment Within 30 Days and Ongoing Risk Monitoring

Agency policy mandates reassessment for risk of sexual victimization or abusiveness within 30 days of arrival and whenever new information emerges. 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 updated information obtained after intake.

Additionally, review of 41 intake files confirmed that individuals received PREA-related education upon arrival. Documentation included written materials, orientation handbooks, video presentations, and signed acknowledgment forms. This layered process ensures that risk information remains current and that individuals are informed of their rights and available resources.

Relevant Policy:

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

Provision (c) - Mental Health Evaluation for Individuals with Abusive

Histories

When screening identifies 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 confirms that this requirement is implemented consistently.

Protocols are in place to manage individuals identified as potential aggressors, ensuring timely clinical evaluation, monitoring, and intervention. This practice supports institutional safety while addressing behavioral health needs.

Relevant Policy:

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

Provision (d) - Individualized Housing and Classification Decisions Based on Screening

Information obtained through PREA screening and mental health assessments is incorporated into individualized housing, program, and work assignment decisions. Policies require that classification determinations consider risk assessment findings in order to enhance safety.

By separating individuals at high risk of victimization from those identified as potential aggressors, the facility promotes protective measures that reduce opportunities for harm. Classification and placement decisions are informed by screening outcomes and guided by established procedures within the agency's classification framework.

Relevant Policy:

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

AR #433

AR #435 (Classification Manual)

Provision (e) - Informed Consent and Confidentiality Protections

Medical and mental health staff confirmed that informed consent is obtained prior to disclosing information related to an individual's history of sexual victimization. Documentation reflects that consent procedures are consistently followed and clearly recorded. The only exception applies to individuals under the age of 18, consistent with mandatory reporting laws.

The Institutional PREA Compliance Manager affirmed that confidentiality protections are reinforced through policy, training, and oversight. This practice safeguards sensitive information while ensuring that necessary disclosures for safety and treatment are handled appropriately.

Relevant Policy:

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

CONCLUSION

	<p>Based on a thorough review of applicable policies, documentation, and interviews with staff and inmates, the Auditor concludes that the facility is fully compliant with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse.</p> <p>The facility demonstrates a coordinated, trauma-informed approach to intake screening, reassessment, referral, confidentiality, and follow-up care. Policies are comprehensive and consistently implemented. Screening results are used to inform classification decisions and ensure appropriate clinical intervention. Collectively, these measures reflect a deliberate and effective strategy to protect inmates with a history of sexual victimization or sexually abusive behavior while maintaining compliance with PREA requirements.</p> <p>§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse: Trauma-Informed Assessment and Coordinated Care</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.82, the Auditor conducted a detailed review of documentation provided by the Alabama Department of Corrections (ADOC) and the facility. The materials reviewed included the completed Pre-Audit Questionnaire (PAQ), Administrative Regulation (AR) 454 – Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), ADOC Form MH-008 for mental health referrals, and the current Memorandum of Understanding (MOU) between ADOC and the Alabama Coalition Against Rape.</p> <p>Collectively, these documents outline a structured and coordinated framework for responding to reports of sexual abuse. The policies detail procedures for ensuring immediate access to emergency medical and mental health services, the referral and coordination process with external advocacy partners, and the clinical protocols for assessment and care. The documentation demonstrates that the facility’s response approach is timely, respectful, and compliant with professional care standards. Procedures clearly define individual roles, reporting requirements, and timelines for medical and mental health follow-up, reflecting consistency between written policy and implementation observed during interviews.</p> <p>INTERVIEWS</p> <p>Medical Staff</p> <p>Medical staff described in detail the clinical response that follows an allegation of sexual abuse. Upon intake to medical services, a physician performs an initial</p>

examination to assess injuries, determine treatment needs, and decide whether to refer the individual to the Sexual Assault Response Team (SART) or transport directly to a community medical facility for additional assessment and a forensic examination. When SART services are initiated, medical and nursing personnel collaborate to ensure treatment is comprehensive and immediate.

Staff further explained that care includes discussion of available medical options such as sexually transmitted infection (STI) testing, prophylaxis, emergency contraception, and pregnancy testing when applicable. They also confirmed that mental health referrals are initiated using ADOC Form MH-008, ensuring prompt follow-up by mental health professionals. Throughout this process, emphasis is placed on maintaining informed consent, privacy, and the physical and psychological well-being of the individual.

First Responders (Security and Non-Security)

Security and non-security first responders provided consistent accounts of their roles in ensuring safety and initiating medical and mental health responses. Security staff described the steps taken to secure the scene, preserve potential evidence, and escort the inmate to medical services without delay. Non-security staff indicated that their focus is on safeguarding the inmate, promptly reporting the situation to designated staff, and providing reassurance until medical professionals assume care. All first responders reported that they receive regular training on trauma-informed response and evidence preservation procedures and that they understand their duty to act quickly to promote safety and confidentiality.

Inmates Who Reported Sexual Abuse

Interviews with inmates who had reported sexual abuse confirmed that facility procedures are followed as written. Those interviewed stated that staff responded immediately when they reported the incident, provided timely transportation to medical services, and ensured that forensic examinations were offered without delay. Inmates noted that victim advocates were present throughout the process to explain procedures and provide support. Each confirmed they were not charged for any medical care, were not asked to take a polygraph or other truth-verifying test, and received written notification regarding the outcomes of investigations. Their experiences demonstrated consistent implementation of PREA requirements and a coordinated, victim-centered response.

PROVISIONS

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

The facility's policies guarantee prompt access to emergency medical care and mental health crisis intervention for anyone who reports sexual abuse. Trained clinical professionals determine the type and extent of care needed, document all treatment provided, and record the timeliness of the services delivered. When medical personnel are temporarily unavailable, first responders initiate protective measures and notify health staff immediately to minimize delay in care.

The facility maintains an active MOU with the Alabama Coalition Against Rape to ensure access to confidential advocacy services. Forensic examinations are completed by Sexual Assault Nurse Examiners (SAFE/SANE) at the USA Freestanding ER in Mobile, Alabama. The Rape Crisis Center of Mobile provides trained advocates who accompany individuals throughout examinations, offering explanation and emotional support during the process.

According to the PAQ, all victims of sexual abuse received timely and unimpeded access to emergency treatment, crisis counseling, and follow-up services within the past twelve months. Staff interviews and case documentation confirmed that these procedures are consistently applied and that response times are appropriate.

Relevant Policy: AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (b) - Immediate Protective Action When Medical Staff Are Unavailable

When reports of sexual abuse occur during times when medical or mental health practitioners are not on-site, trained security first responders are responsible for ensuring the inmate's immediate protection and for notifying clinical personnel without delay. These interim measures allow for the preservation of safety and evidence until specialized staff arrive.

Interviews confirmed that first responders are well-trained in these responsibilities and act quickly in such circumstances. The PAQ and corroborating staff accounts verified that all reports made after hours or on weekends were handled according to these procedures, ensuring continuous access to care consistent with established policy.

Relevant Policy: AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (c) - Comprehensive Medical Treatment

Medical professionals described the delivery of treatment following a report of sexual abuse as immediate and based on clinical judgment. Emergency contraception, pregnancy testing, and STI testing or prophylaxis are offered when medically appropriate, in accordance with recognized professional standards. Documentation reviewed by the Auditor confirmed that all care is provided promptly and that medical personnel record details of interventions, timing, and follow-up recommendations.

This process is guided by ADOC AR 454, which explicitly mandates that such care be provided quickly and in accordance with accepted medical and clinical guidelines. The policy ensures that all necessary interventions and follow-up medical services are available and provided when indicated.

Relevant Policy: AR 454, V.H.2.E., p.25; V.H.3.A., p.25

Provision (d) - No-Cost Access to Care

All medical and mental health treatment associated with incidents of sexual abuse is

	<p>provided at no cost to the inmate. Medical staff confirmed that services remain available regardless of whether an alleged perpetrator is identified, charged, or whether the inmate chooses to participate in the investigation. The same protection applies whether treatment is provided in-facility or through community medical partnerships.</p> <p>Inmate and staff interviews both confirmed compliance with this standard. Inmates who received treatment reported no charges for medical examinations or follow-up care. Policy language in ADOC AR 454 reinforces this assurance by explicitly prohibiting the charging of victims for medical or mental health services related to sexual abuse and mandating that care be provided independently of investigative outcomes.</p> <p>Relevant Policy: AR 454, V.H.2.E., p.25; V.H.3.A., p.25; V.H.5.c., p.28</p> <p>CONCLUSION</p> <p>Following a thorough review of governing policies, facility documentation, and interview data from medical staff, mental health practitioners, first responders, and inmates, the Auditor determined that the facility complies with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.</p> <p>The facility’s procedures reflect a coordinated, clinically sound, and victim-centered approach. Response protocols ensure swift access to care, appropriate emergency and mental health services, and continuous follow-up monitoring. The partnership with community resources strengthens the facility’s ability to provide confidential advocacy and trauma-informed support.</p> <p>Care is provided respectfully and without cost to the inmate, and all records, interviews, and observations confirm alignment with PREA standards. The facility’s practices demonstrate a reliable framework that prioritizes the immediate safety, health, and emotional well-being of individuals who experience sexual abuse while in custody.</p>
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<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.83, the Auditor conducted a comprehensive review of documentation provided by both the facility and the Alabama Department of Corrections (ADOC). Reviewed materials included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454</p>

- Inmate Sexual Abuse and Harassment (effective 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.

Together, these documents establish the framework for ensuring ongoing, clinically appropriate medical and mental health services for inmates who have experienced sexual abuse. The policies outline procedures for timely referrals, treatment continuity, and coordination among internal clinical providers and external advocacy partners. They further confirm that care is delivered according to accepted professional standards and at no cost to the individual. The documentation reviewed was internally consistent and reflected accuracy between written procedures and staff descriptions of practice observed during interviews.

INTERVIEWS

Medical and Mental Health Staff

Medical staff explained the steps taken to provide both immediate and ongoing care to inmates who report sexual abuse. Upon disclosure, the individual receives a medical evaluation focused on assessing physical condition and identifying any need for emergency treatment or outside medical intervention. Referrals for continued care are completed using ADOC Form MH-008, ensuring timely follow-up for counseling or mental health support. Clinicians emphasized that services address both physical and psychological needs and are provided without financial charge to the inmate, irrespective of whether an abuser is identified or whether the individual cooperates with an investigation.

Staff described available services, including emergency contraception, pregnancy testing if clinically indicated, testing and prophylaxis for sexually transmitted infections (STIs), and mental health counseling. Coordination between the medical, mental health, and advocacy teams ensures that inmates receive a comprehensive, victim-centered response aligned with the PREA standard.

Inmates Who Reported Sexual Abuse

Inmates interviewed who had reported sexual abuse confirmed that staff responded quickly to their reports, provided immediate medical attention, and facilitated access to ongoing mental health and advocacy support. They stated that forensic examinations were offered without delay, accompanied by a victim advocate who explained each step of the process. All reported that they were not charged for medical treatment, were not asked to take polygraph examinations, and received written notification once investigation results became available. These accounts closely mirrored staff explanations and verified that policy requirements were implemented consistently in practice.

PROVISIONS

Provision (a) - Access to Initial and Comprehensive Evaluations

Facility policy requires that all individuals who report sexual abuse receive prompt,

comprehensive medical and mental health evaluations by qualified professionals. The MOU with the Alabama Coalition Against Rape ensures that inmate victims have access to confidential advocacy support as part of their care process. Forensic examinations are conducted by certified Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners (SAFE/SANE) through Crisis Services of North Alabama, available at all hours. Documentation and interviews confirmed that standard services include STI testing and prophylaxis, emergency contraception when indicated, crisis counseling, and psychiatric evaluation as appropriate. All care is provided at no cost to the inmate.

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

Provision (b) - Follow-Up Services and Individualized Treatment Planning

After the initial response, inmates continue to receive medical and mental health follow-up in accordance with individualized treatment plans. Mental health staff collaborate with medical practitioners to monitor recovery, address trauma-related symptoms, and ensure continuity of care when inmates are transferred or released. Coordination among care providers ensures smooth transitions between settings and maintenance of treatment progress. Consistent documentation of follow-up visits and referrals provides a verifiable record of ongoing clinical oversight.

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

Provision (c) - Consistency and Documentation of Care

Medical records reviewed by the Auditor showed that documentation of evaluations, treatment, and referrals is maintained in a detailed and consistent manner. Each stage of care—from initial examination through follow-up counseling—is recorded, including the nature of services provided and resolution notes. This process allows for ongoing evaluation of care continuity and establishes accountability through transparent, auditable recordkeeping.

Provision (d) - Access to Emergency Contraception and STI Services

Policies and staff interviews confirmed that emergency contraception, pregnancy testing, and STI testing or prophylaxis are offered whenever clinically appropriate. Inmates are informed of available options, and treatments are provided based on the professional judgment of medical practitioners. These services follow community medical standards and are integrated into the facility's broader sexual abuse response protocol.

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

Provision (e) - Applicability of Gender-Specific Requirements

This provision is not applicable to the facility because it houses only adult male inmates. Gender-specific services referenced in policy are not required within this environment.

Provision (f) - Clinical Determination of Services

All medical and mental health interventions are based on individual evaluations conducted by qualified clinicians. Care decisions—including prescription of medication, counseling duration, or additional referrals—are guided by professional standards and assessment outcomes. This ensures that each inmate receives treatment in alignment with personal clinical needs rather than through a uniform or prescriptive approach.

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

Provision (g) - No-Cost Care

The facility's policy explicitly states that inmates who receive medical or mental health care related to a sexual abuse incident are not charged for any associated costs. Treatment availability does not depend on whether the alleged perpetrator is identified or whether the inmate participates in an investigation. Staff interviews and documentation confirmed that this provision is consistently applied, reducing barriers and ensuring equal access to services for all inmates.

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

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

Policy directs that inmates identified as having engaged in sexually abusive behavior while in custody—or previously in the community—be referred for a mental health evaluation within 60 days of identification. Documentation confirmed that these referrals are completed using ADOC Form MH-008, ensuring proper tracking and continuity of care. When clinically indicated, treatment is offered, documented, and followed by ongoing monitoring and behavioral assessment consistent with agency protocol.

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

CONCLUSION

After reviewing policies, case records, and interview findings, the Auditor concludes that the facility and the Alabama Department of Corrections are compliant with PREA Standard §115.83 - Ongoing Medical and Mental Health Care.

The facility demonstrates consistent adherence to PREA's expectations for ongoing medical and psychological treatment following an allegation of sexual abuse. Services are timely, clinically appropriate, and provided at no cost to the inmate. Documentation verifies continuity of care, coordination among providers, and proper use of external advocacy partnerships to ensure a trauma-informed, victim-centered approach.

The structured policies and consistent delivery of care reflect a stable framework that supports inmate health, dignity, and emotional recovery while maintaining the professional standards of correctional healthcare and full compliance with PREA

	requirements.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.86, the Auditor conducted a detailed review of documentation provided by both the Alabama Department of Corrections (ADOC) and the facility. Materials examined included the completed Pre-Audit Questionnaire (PAQ), supporting records describing review procedures, and ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), which outlines agency requirements for conducting sexual abuse incident reviews (SAIRs).</p> <p>The Auditor also reviewed ADOC Form 454-E - Sexual Abuse Incident Review and a sample of completed review reports. These documents illustrated the facility's structured, multidisciplinary approach to post-incident review, emphasizing lessons learned, prevention strategies, and procedural improvement. Together, the materials confirmed that the incident review process is carried out within established timeframes, involves qualified personnel from multiple disciplines, and is intended to promote transparency, accountability, and operational improvement following each investigation.</p> <p><u>INTERVIEWS</u></p> <p>Institutional PREA Compliance Manager (IPCM)</p> <p>The IPCM explained that all sexual abuse incident reviews are coordinated through the Incident Review Team (IRT) and documented using standardized forms. Completed reviews are submitted to both the IPCM and the Facility Head for oversight and follow-up. Reviews are consistently conducted within 30 days of the conclusion of each substantiated or unsubstantiated investigation, in compliance with PREA and ADOC policy. The IPCM emphasized that these reviews enable the facility to identify systemic factors, revise procedures when appropriate, and enhance prevention strategies across departments.</p> <p>Incident Review Team (IRT)</p> <p>Members of the IRT described the group as multidisciplinary and composed of upper-level managers, supervisors, investigators, and medical or mental health professionals. Representatives from operations, classification, and clinical services routinely participate to ensure that reviews are comprehensive and balanced. Team members reported that each meeting follows a checklist of required review elements</p>

such as staffing levels, physical plant layout, and any relevant demographic or behavioral considerations. The IRT's goal, as described by participants, is to analyze each reported incident to identify contributing factors and evaluate opportunities for corrective action.

Facility Head

The Facility Head discussed how outcomes of the IRT are integrated into facility management practices. Leadership views the review process as a mechanism for institutional learning. Recommendations from the IRT are reviewed during management meetings and implemented when possible, or documented with rationale when implementation is not feasible. This structured feedback process helps maintain alignment between policy, practice, and evolving facility needs.

PROVISIONS

Provision (a) - Timely Incident Reviews and Implementation Scope

The PAQ and supporting documentation confirm that sexual abuse incident reviews are conducted after every criminal or administrative investigation, except in cases determined to be unfounded. This practice was also affirmed during interviews with the Facility Head and IPCM.

During the 12 months preceding the on-site audit, the facility reported four allegations of sexual abuse or harassment. Three of these involved sexual abuse and one involved sexual harassment. Of the three sexual abuse cases, two involved inmate-on-inmate allegations, and one involved staff-on-inmate conduct. All allegations were referred for criminal review but were ultimately found to be unsubstantiated; criminal prosecution was declined in each case.

The single allegation of sexual harassment involved staff-on-inmate conduct, which was also investigated and determined to be unsubstantiated. The staff member was reassigned to duties that avoided contact with the inmate who made the allegation.

In each reported case, medical and mental health services were offered to both alleged victims and alleged perpetrators within 24 hours of staff receiving notice. Notifications of investigative outcomes were documented and delivered to the inmates involved. The facility confirmed that all closed investigations, both substantiated and unsubstantiated, underwent a sexual abuse incident review within 30 days of case closure, with no exceptions.

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

Provision (b) - Review Timelines and Compliance with Standard

The PAQ, documentation review, and interview findings verify that the facility consistently completes sexual abuse incident reviews within the 30-day timeframe established by policy. Each of the three non-unfounded cases reported during the previous audit cycle was reviewed within this period, demonstrating consistent adherence to both agency policy and PREA requirements.

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

Provision (c) - Multidisciplinary Team Composition

The facility's incident review process is managed by a multidisciplinary team comprised of upper-level management, supervisory personnel, investigators, and medical or mental health staff. The inclusion of representatives from both operational and clinical backgrounds allows for a well-rounded evaluation of contributing factors and response effectiveness. This structure, as described by team members and confirmed in AR #454, supports balanced decision-making that reflects the perspectives of multiple disciplines working collaboratively to strengthen safety and prevention strategies.

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

Provision (d) - Written Findings and Analysis Criteria

Interviews and documentation confirmed that written findings are completed after each review and distributed to the Facility Head and IPCM for monitoring and follow-up. The IRT evaluates a range of factors during its review process, including whether the physical layout of the facility may have contributed to the allegation, whether staffing levels or supervision practices were adequate at the time, and if additional training or resources are required for staff.

The team also considers potential contributing dynamics such as group interactions or inmate demographics and records any findings related to environmental or procedural factors. Where applicable, recommendations for operational or policy changes are proposed. These reports are maintained in facility records and shared with agency-level leadership, including the PREA Director, ensuring consistency and oversight across the system.

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

Provision (e) - Implementation and Follow-Up on Review Recommendations

The facility demonstrates that recommendations resulting from incident reviews are acted upon whenever feasible. The Facility Head and IPCM confirmed that each recommendation undergoes an evaluation process where feasibility, resource implications, and anticipated outcomes are considered. When recommendations cannot be implemented, the facility documents the rationale for that decision to ensure transparency and accountability. Records reviewed by the Auditor and interview testimony confirmed that this procedural commitment is consistently maintained.

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

CONCLUSION

Based on the Auditor's review of policies, documentation, and interviews with leadership, oversight staff, and incident review team members, the facility is in

	<p>compliance with PREA Standard §115.86 – Sexual Abuse Incident Reviews.</p> <p>The facility has established a structured and multidisciplinary process that ensures every sexual abuse allegation is reviewed thoroughly once an investigation concludes. The process supports accountability by examining incident circumstances, identifying contributing factors, and recommending corrective or preventive actions.</p> <p>Findings are documented, forwarded for executive review, and tracked for implementation or justification. This practice fosters institutional awareness, operational transparency, and continuous improvement in safety and sexual abuse prevention measures throughout the facility.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.87, the Auditor reviewed documentation provided by the Alabama Department of Corrections (ADOC) and verified processes related to data collection, analysis, and reporting. Materials examined included the completed Pre-Audit Questionnaire (PAQ) with supporting records, ADOC Administrative Regulation (AR) #454 – Inmate Sexual Abuse and Harassment (effective May 29, 2025), the most recent Survey of Sexual Victimization (SSV-2), the Annual PREA Data Report, and publicly available information from the ADOC’s PREA webpage.</p> <p>These documents demonstrate the use of a standardized, evidence-based system for collecting and analyzing data related to sexual abuse and sexual harassment allegations. ADOC compiles data from multiple verified sources, including inmate surveys, grievance forms, investigative records, incident reports, and Sexual Abuse Incident Reviews (SAIRs). The policy mandates quality assurance checks and trend analyses to identify patterns, potential systemic issues, and areas in need of corrective action. The documentation collectively reflects a consistent, reliable framework for data tracking that supports transparency, accountability, and informed policy development at both facility and agency levels.</p> <p>INTERVIEWS</p> <p>Agency Contract Administrator</p> <p>The Agency Contract Administrator described how ADOC ensures data collection and monitoring extend beyond its state-operated facilities to all contracted housing programs and community-based providers. Contracts with private and nonprofit organizations require full adherence to PREA standards, including prompt submission</p>

of incident-based and annual aggregated data related to sexual abuse and harassment. These reports are merged with ADOC's agency-wide data system, reviewed for accuracy, and included in the overall analysis of agency trends.

The Administrator explained that this centralized approach enables ADOC to evaluate performance across all housing operations under its jurisdiction and to develop system-wide action plans based on comprehensive data. Oversight is shared between the Contract Administrator, the General Counsel's Office, and the PREA office to ensure that PREA compliance language is uniformly applied, monitored, and enforced in every custodial setting that houses ADOC inmates.

PROVISIONS

Provision (a) - Comprehensive Data Collection and Maintenance

ADOC policy establishes formalized procedures for collecting, maintaining, and analyzing data concerning allegations of sexual abuse and sexual harassment. Data are gathered from multiple validated sources—such as inmate surveys, grievance logs, investigative files, incident reports, and SAIR forms—to ensure accuracy and completeness. Standardized collection instruments are used across all ADOC facilities, creating a unified system that maintains consistency statewide.

Quality control measures require personnel to review and verify the accuracy of entries, confirm investigative data alignment with incident tracking, and assess completeness before annual aggregation. Interviews and documentation verified that these procedures are consistently implemented. This deliberate structure allows ADOC to ensure that the data it collects are reliable, objective, and beneficial for operational and trend analysis purposes.

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

Provision (b) - Annual Aggregation and Reporting

In accordance with PREA and federal Bureau of Justice Statistics requirements, ADOC annually consolidates sexual abuse and harassment data from all state and contracted facilities. This annual aggregation aligns with federal reporting processes through the Survey of Sexual Victimization (SSV-2). The Auditor reviewed the most recent SSV-2 submission and confirmed that it was completed accurately and submitted within the required timeframe.

The aggregation process allows ADOC to identify operational trends, assess the effectiveness of training and prevention strategies, and guide proactive improvements. By compiling data across the prison system, ADOC strengthens consistency in reporting and upholds accountability through transparent, agency-wide oversight.

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

Provision (c) - Data System Capabilities and Transparency

ADOC's data system is designed to be capable of responding to all inquiries outlined by the Department of Justice's current Survey of Sexual Violence. The Auditor's review of the agency's most recent Annual PREA Data Report confirmed that the system compiles detailed information on reported incidents, outcomes of investigations, demographics of involved individuals, and corrective actions taken.

This report, which is published on the ADOC PREA webpage, is available to the public in accordance with federal transparency expectations. Public reporting reinforces trust in the agency's commitment to accountability while maintaining compliance with PREA and Department of Justice data-sharing standards.

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

Provision (d) - Ongoing Analysis of Incident-Based Data

The PREA standard requires ongoing analysis of all incident-based data, and ADOC's policy meets this requirement through structured annual and periodic reviews. The agency continuously monitors investigative reports, incident summaries, and related SAIR documentation to detect emerging trends or areas of concern.

The most recent annual PREA data report demonstrates that ADOC does more than aggregate numbers; it conducts meaningful evaluations to identify systemic issues and recommends precise operational or procedural adjustments. This process enables the agency to refine prevention training, revise policy when indicated, and redirect investigative or monitoring resources based on quantifiable evidence.

Provision (e) - Ensuring PREA Compliance in Contracted Facilities

All contracts involving the housing, supervision, or management of ADOC inmates contain explicit provisions requiring compliance with PREA standards. Oversight responsibilities for these agreements rest with the General Counsel's Office in coordination with the PREA Division.

The Auditor reviewed Contract C210052136 with GEO Reentry, Inc., renewed December 1, 2025, which includes requirements for independent PREA audits, unrestricted access to information for ADOC's contract monitor, PREA training for facility staff, and annual data reporting on allegations and investigations. These same provisions are mirrored across all housing contracts to ensure consistent agency-wide adherence.

Through this integrated system of review and accountability, ADOC ensures that all contractors follow the same standards for reporting, investigation, and data submission, reinforcing the reliability of agency-wide data collection efforts.

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

Provision (f) - Timely Submission of Annual Reports

The Auditor verified that ADOC submits its SSV-2 report to the U.S. Department of Justice annually by the June 30 deadline for the preceding calendar year. The most

recent report was submitted on schedule and confirmed as complete and accurate. The consistency of these submissions demonstrates continued compliance with federal reporting requirements and reinforces the reliability of the agency's established data processes.

CONCLUSION

Based on the Auditor's review of agency policy, documentation, annual data reports, and staff interviews, the Alabama Department of Corrections is found to be in compliance with PREA Standard §115.87 - Data Collection.

ADOC's system of collecting, analyzing, and reporting data on sexual abuse and harassment is organized, uniform, and transparent. Policies ensure standardized data gathering across both state and contracted facilities, supported by quality control measures and comprehensive analysis procedures.

The agency's use of structured monitoring tools, combined with its commitment to timely reporting and public transparency, promotes informed decision-making and demonstrates accountability at every level of operation. The implementation of these systems supports continuous improvement in safety, prevention, and management practices throughout ADOC's correctional network.

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 provided by the Alabama Department of Corrections (ADOC). This review included the completed Pre-Audit Questionnaire (PAQ), ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), the 2024 Survey of Sexual Victimization (SSV-2), and the 2024 Annual PREA Data Report. The Auditor also examined the ADOC PREA webpage (www.doc.state.al.us/PREA) to confirm that annual data reports, summaries, and related information are made publicly accessible.</p> <p>Collectively, these materials confirmed that ADOC follows a consistent, data-driven process for reviewing, analyzing, and reporting PREA-related information. Policies establish clear guidelines for aggregating and evaluating facility-level and system-wide data, ensuring that leadership can identify patterns, monitor program effectiveness, and implement corrective actions. The documentation demonstrates that ADOC conducts a structured and ongoing evaluation of its PREA data to inform decision-making, track outcomes, and support improvements in facility safety and</p>

operational accountability.

INTERVIEWS

Agency Head or Designee

The Agency Head's designee described the annual PREA report as an essential management tool used to assess performance across all ADOC facilities. The report provides a side-by-side comparison of current and previous years' data, identifying trends and evaluating the success of policy changes or corrective measures. The designee explained that the results are carefully reviewed by executive leadership to determine emerging areas of concern and to prioritize future prevention and intervention efforts. Making these annual reports public also underscores the agency's commitment to accountability and transparency.

PREA Director

The PREA Director elaborated on the systematic nature of ADOC's data review process, highlighting how aggregated information is analyzed to evaluate the effectiveness of prevention, detection, and response strategies. The process includes identifying trends, assessing the status of previously recommended corrective actions, and preparing a comprehensive annual report that documents systemic progress. Each year's analysis draws comparisons with prior reporting periods to gauge whether policy adjustments and facility-level improvements have achieved measurable outcomes.

The Director also explained that a public version of the report is produced following internal review. Any redactions are limited strictly to protect personally identifiable information without diminishing the overall transparency or value of the report. The Director emphasized that these measures maintain the integrity of the agency's public reporting obligations while protecting the safety and privacy of inmates and staff.

Facility Head or Designee

Facility Heads stated that each location convenes a local PREA Committee to review incident-level data and to ensure that corrective actions are implemented promptly at the facility level. This procedure allows for continuous, site-specific monitoring of reported sexual abuse or harassment incidents. Data from these facility reviews are then shared with the PREA Director's office for inclusion in the annual agency-wide analysis. Facility leaders described how the review process helps identify staffing needs, training opportunities, and policy reinforcement measures specific to their operations, creating an integrated feedback loop between institutional practice and state-level oversight.

Institutional PREA Compliance Manager (IPCM)

The IPCM confirmed that PREA-related information, including annual data reports, administrative regulations, and audit summaries, are easily accessible on the ADOC website. By maintaining public access to these materials, the agency encourages

staff awareness and reinforces institutional responsibility for compliance with PREA standards. The IPCM noted that transparent publication of information also promotes external trust and demonstrates alignment between policy and practice across all ADOC facilities.

PROVISIONS

Provision (a) - Routine Data Review to Improve Prevention and Response

Interviews and document review verified that ADOC routinely aggregates and evaluates data collected under PREA Standard §115.87 to measure the effectiveness of its strategies for preventing, detecting, and responding to sexual abuse incidents. Data are reviewed at both facility and agency levels to identify patterns or recurring issues that may warrant corrective action. Findings are summarized in the annual PREA report, which highlights agency-wide progress and outlines any new initiatives or procedural adjustments.

The PREA Director described this process as continuous and deliberate, ensuring that every layer of data analysis informs policy refinement and staff training. This coordinated effort ensures that PREA-related data remain a central tool for proactive management and organizational learning.

Relevant Policy: ADOC AR #454, IV.D and IV.E, May 29, 2025

Provision (b) - Comparative Analysis of Data and Corrective Actions

The Agency Head's designee confirmed that each annual PREA report includes a comparative assessment of data from multiple reporting periods. This analysis draws attention to trends, effectiveness of corrective actions, and any areas requiring renewed focus. Documentation reviewed by the Auditor confirmed that the most recent annual report included measurable outcomes linked to prior recommendations, as well as data contextualizing investigative outcomes, facility-level compliance, and sustained policy implementation.

By examining the relationship between changes made and outcomes achieved, ADOC ensures that data inform continuous improvement, not merely compliance reporting.

Relevant Policy: ADOC AR #454, IV.D and IV.E, May 29, 2025

Provision (c) - Public Availability of Annual PREA Reports

ADOC policy requires that the agency's annual PREA data reports be published on its public website and readily accessible to external stakeholders. Review of the ADOC PREA webpage confirmed the availability of archived reports dating back to 2013. This consistent publication record demonstrates ADOC's compliance with federal transparency expectations and allows the public to monitor progress and accountability related to sexual abuse prevention and response efforts across correctional facilities.

Relevant Policy: ADOC AR #454, IV.D and IV.E, May 29, 2025

Provision (d) - Limited and Appropriate Redaction of Reports

The PREA Director confirmed that any redactions applied to annual reports are strictly limited to information that could reveal personal identifiers or compromise security. All other data are presented in full to maintain transparency. This approach ensures the public can access meaningful, unaltered information while upholding necessary privacy protections for inmates and staff. The review confirmed that these procedures comply with PREA’s intent to promote accountability while safeguarding confidential details within public documentation.

Relevant Policy: ADOC AR #454, IV.D and IV.E, May 29, 2025

CONCLUSION

After reviewing the Pre-Audit Questionnaire, agency reports, PREA policy, and interviews with executive and facility leadership, the Auditor finds that the Alabama Department of Corrections meets the requirements of PREA Standard §115.88 - Data Review for Corrective Action.

The agency maintains a well-defined process for analyzing PREA data, identifying systemic and facility-level trends, and implementing corrective actions that enhance prevention and response efforts. Annual reports provide comparative insights, document outcomes of interventions, and are publicly available for transparency and accountability.

By consistently reviewing and applying data-driven findings, ADOC demonstrates its commitment to continuous improvement, operational integrity, and long-term compliance with PREA standards across all facilities under its jurisdiction.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>\DOCUMENT REVIEW</p> <p>To determine compliance with PREA Standard §115.89, the Auditor conducted a detailed review of documentation submitted by the Alabama Department of Corrections (ADOC). Reviewed materials included the completed Pre-Audit Questionnaire (PAQ) with supporting exhibits, ADOC Administrative Regulation (AR) #454 - Operations & Legal: Inmate Sexual Abuse and Harassment (effective May 29, 2025), and publicly available information presented on the ADOC PREA webpage (www.doc.state.al.us/PREA).</p> <p>These materials describe the agency’s formal system for the secure collection, retention, and publication of PREA-related data. They outline procedures governing how both incident-based and aggregated information is stored, how personally</p>

identifying information is redacted before publication, and how data are retained and ultimately destroyed according to regulatory timelines. The documentation reviewed confirms that ADOC maintains a structured and institutionalized process to preserve data integrity, ensure confidentiality, and promote transparency through public reporting.

INTERVIEWS

PREA Director

During interviews, the PREA Director described the agency's approach to managing PREA-related data at both the facility and central office levels. Each facility maintains its data within a secure Risk Management System accessible only to designated staff members who require the information to perform their duties. This localized recordkeeping allows facility leaders and PREA Compliance Managers to review trends, verify documentation, and ensure accuracy before submission to the central database.

At the agency level, data are compiled to fulfill state and federal reporting mandates, including the Survey of Sexual Victimization (SSV-2), and are incorporated into the Annual PREA Data Report published on the ADOC webpage. The Director noted that before any public release, personally identifying details are removed from all aggregated reports. This ensures that transparency is maintained without compromising safety or privacy.

The Director also stated that ADOC policies align with federal record retention standards, requiring that PREA-related information be preserved for at least ten years or longer when directed by state or federal law. This practice enables ongoing access to historical information while sustaining compliance with data preservation and destruction requirements.

PROVISIONS

Provision (a) - Secure Retention of PREA Data

ADOC policy mandates that all records relating to sexual abuse and sexual harassment allegations are securely stored and maintained. Data from both agency-operated facilities and contracted housing providers are integrated within ADOC's centralized data system, ensuring all information is complete, consistent, and safeguarded against unauthorized access.

The Auditor confirmed that staff implement established access controls to protect confidential PREA data. Administrative and technical safeguards ensure that sensitive records remain available for internal review and authorized use while preventing external disclosure. These ongoing practices reflect a disciplined approach to data management and compliance with federal confidentiality requirements.

Provision (b) - Annual Publication of Aggregated Data

To ensure public access and accountability, ADOC publishes agency-wide aggregated

data on at least an annual basis. The Auditor reviewed the ADOC PREA webpage and confirmed that comprehensive reports are consistently made available for public viewing. Each report provides a detailed overview of statistical trends, investigative outcomes, and system-wide analyses of incidents reported within the preceding year.

This practice demonstrates ADOC's continued commitment to transparency while ensuring the public, oversight entities, and advocacy organizations remain informed about ongoing prevention and response efforts related to sexual abuse and harassment across all ADOC facilities.

Provision (c) - Protection of Personally Identifying Information

Prior to publication, the agency conducts a thorough review of PREA data to eliminate personally identifying information regarding inmates or staff. The PREA Director confirmed that only anonymized and aggregated data sets appear in public reports. Staff at both the facility and agency levels apply redaction protocols designed to safeguard privacy while maintaining the integrity and usefulness of the released information.

In accordance with ADOC policy, all data collected under PREA Standard §115.87 are retained for a minimum of ten years unless longer retention is specifically required by legal or regulatory authority. These retention practices provide an effective balance between long-term accountability and the responsible management of sensitive information.

Provision (d) - Long-Term Retention and Accessibility

Agency policy also specifies long-term recordkeeping requirements for both administrative and investigative materials related to sexual abuse cases. PREA-related records must be preserved for a period of at least ten years, while those connected to criminal or administrative investigations must be retained for the duration of the alleged abuser's employment or incarceration, plus an additional five years.

The Auditor reviewed historical data archives dating back to August 2012 and verified that records remain accessible and preserved in accordance with policy. This extended retention framework ensures the continuity of documentation needed for audits, legal reference, and institutional review, reinforcing the agency's standard for data integrity and responsible stewardship.

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

CONCLUSION

After reviewing policies, supporting documentation, and interview findings, the Auditor concludes that the Alabama Department of Corrections meets the requirements of PREA Standard §115.89 - Data Storage, Publication, and Destruction.

The agency maintains an orderly and secure system for managing all PREA-related data, ensuring both the protection of confidential information and the transparency of

	<p>published materials. Public release of aggregated data promotes accountability while adherence to long-term retention and redaction standards protects individual privacy.</p> <p>ADOC’s established practices—grounded in policy, supported by verification systems, and routinely monitored for compliance—reflect the agency’s commitment to maintaining data security, promoting transparency, and fulfilling PREA obligations across all operational and contracted facilities.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <p>To assess compliance with PREA Standard §115.401, the Auditor conducted a thorough review of documentation provided by the Alabama Department of Corrections (ADOC). Central to this review was the ADOC’s publicly accessible PREA webpage (www.doc.state.al.us/PREA), which serves as an essential platform for information sharing with staff, inmates, and the public.</p> <p>The webpage provides comprehensive access to facility-specific PREA audit reports, aggregated agency data on incidents of sexual abuse and sexual harassment, and key materials outlining ADOC’s PREA policies and procedures. Together, these resources illustrate a structured and transparent approach to federal compliance.</p> <p>The documentation confirmed that ADOC maintains an organized process for planning, conducting, and publishing PREA audits. It ensures each facility is reviewed on a predictable schedule within the three-year audit cycle required by federal regulation. Audit results, corrective actions, and performance updates are clearly displayed online, supporting public understanding and oversight of ADOC’s ongoing commitment to sexual abuse prevention, detection, and response.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>The Agency Head’s designee confirmed that all ADOC facilities have completed PREA audits within the prescribed three-year interval. The designee noted that every report, including summaries of aggregated data, is promptly posted to the agency’s PREA webpage to ensure public accessibility and compliance transparency. This open reporting system allows external stakeholders to track progress on corrective actions and observe how audit findings shape subsequent operational enhancements. The designee emphasized that the routine and public nature of these reports reinforces accountability throughout the organization.</p> <p>PREA Director</p>

The PREA Director discussed the agency's broader framework for audit administration, noting that this audit represents the second year in ADOC's fourth three-year PREA audit cycle. The Director explained that audits are scheduled systematically so that every facility undergoes a comprehensive evaluation within the federally required timeframe.

The Director highlighted the agency's practice of using audit outcomes as a catalyst for improvement—examining findings to refine staff training, strengthen operational controls, and enhance facility-level practice. These evaluations inform policy adjustments across all facilities, supporting consistency and elevating standards of inmate safety and institutional accountability. The Director also reiterated that audit information is made publicly available to reinforce transparency and compliance integrity.

PROVISIONS

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

Through documentation review and interviews, the Auditor verified that all facilities within ADOC's jurisdiction have undergone PREA audits within the federally mandated three-year cycle. Completed reports, alongside agency-level data summaries, are published online in accordance with standard procedure. This practice not only demonstrates procedural compliance but also offers clear evidence to external reviewers and the public of the agency's sustained monitoring and responsiveness to PREA standards.

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

ADOC's PREA webpage contains a comprehensive archive of facility reports, aggregated data, and annual summaries related to sexual abuse and harassment allegations. These postings document ADOC's compliance history and its ongoing prevention initiatives. The availability of both current and archival information fulfills federal directives for accessibility and allows the public to see how the agency's PREA program evolves over time to address identified risks and reinforce accountability.

Provisions (c)-(g)

These provisions were not applicable during this audit period and did not affect the Auditor's compliance assessment.

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

During the on-site phase, the Auditor was provided complete and unrestricted access to all facility areas, records, and personnel relevant to the PREA evaluation. The Institutional PREA Compliance Manager (IPCM) remained readily available throughout, facilitating requests for interviews and documentation efficiently. This level of cooperation ensured that the audit process proceeded smoothly and comprehensively, allowing for a full examination of facility operations and

compliance practices.

Provision (i) - Staff Cooperation

Facility leadership, staff, and agency personnel demonstrated full cooperation during the audit. Requests for materials and clarification were met promptly, and all required documentation was provided in organized form. Staff interacted professionally and openly, contributing to a constructive and transparent audit process that reflected institutional respect for external oversight and PREA expectations.

Provisions (j)-(l)

These provisions did not apply to procedural conditions encountered during this audit cycle and did not influence the Auditor’s determination of compliance.

Provision (m) - Private and Secure Interview Spaces

The facility designated and prepared a secure, private space for interviews conducted with both staff and inmates. This accommodation ensured the confidentiality of conversations, supported candid dialogue, and demonstrated the facility’s commitment to providing a respectful, safe environment for all participants during the audit.

Provision (n) - Confidential Communication with the Auditor

The Auditor verified that all inmates had access to confidential correspondence through mail directed specifically to the Auditor. Inmates reported through interviews that this communication process mirrored those used for legal correspondence—allowing privacy and eliminating staff interference. This safeguard enhanced inmate confidence in the audit process and upheld PREA’s emphasis on protection from retaliation for communication with the Auditor.

Provision (o)

This section was not applicable under the circumstances of this audit and did not impact overall compliance.

CONCLUSION

Based on a comprehensive review of documentation, the on-site audit findings, and interviews with the PREA Director, the Agency Head’s designee, and facility PREA personnel, the Auditor concludes that the Alabama Department of Corrections is in full compliance with PREA Standard §115.401 - Agency PREA Audits.

The agency demonstrates consistent adherence to required audit scheduling cycles, provides unrestricted auditor access, and promotes transparency by publishing accurate reports and data summaries for public review. Staff cooperation, secure interview arrangements, and protected communication channels further confirmed the credibility and integrity of the audit process.

ADOC’s consistent engagement with the PREA audit process reflects a mature

	compliance framework—one committed to continuous improvement, operational openness, and accountability in maintaining safe, secure, and PREA-aligned correctional environments.
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.403, the Auditor conducted an in-depth review of the Alabama Department of Corrections’ (ADOC) publicly accessible PREA webpage (www.doc.state.al.us/PREA). This online platform serves as ADOC’s central hub for public access to information related to the Prison Rape Elimination Act across all state correctional facilities and community-based centers under its oversight.</p> <p>The Auditor found the webpage to be well-structured and comprehensive, offering an organized overview of ADOC’s PREA program and performance. The site includes facility-specific PREA audit reports, agency-wide data analyses, annual statistical summaries, and historical reports that document incident trends and corrective actions. It also features links to relevant policies, highlighting the agency’s strategic framework for prevention, detection, and response to sexual abuse and sexual harassment. Collectively, these materials demonstrate that ADOC has institutionalized transparency practices and uses public reporting as a means of reinforcing both accountability and public trust.</p> <p>The documentation review confirmed that all current and prior PREA audit reports are posted online, along with aggregated data summaries illustrating patterns, progress, and areas of continued focus. The availability of these documents reflects an agency commitment to accessible and verifiable information, ensuring that staff, inmates, stakeholders, and members of the public can independently review ADOC’s implementation of PREA standards across all operating environments.</p> <p>INTERVIEWS</p> <p>PREA Director</p> <p>The PREA Director explained that maintaining public access to audit reports and data summaries is integral to ADOC’s transparency and compliance strategy. The Director stated that the PREA webpage is updated as new reports are finalized to ensure that the information represents the most accurate and recent compliance record. The Director further noted that these postings not only satisfy PREA’s public reporting requirement but also serve as a communication tool for staff, advocates, and oversight entities to track performance across audit cycles and facility</p>

inspections. This approach supports a culture of openness, reinforcing PREA's broader intent of building public confidence through disclosure and accountability.

PREA Compliance Managers

Facility- and institutional-level PREA Compliance Managers confirmed that public reporting drives awareness within facilities and encourages continued attention to PREA obligations. The managers described internal communication channels used to ensure posted materials reflect accurate and approved data from completed audits. They also highlighted that the accessibility of the webpage allows for regular referencing of policies and audit outcomes by staff, facilitating ongoing education and compliance reinforcement.

PROVISIONS

Provisions (a)-(e)

These provisions do not apply to agency-level reporting responsibilities under this standard and therefore were not evaluated as part of this audit.

Provision (f) - Accessibility and Public Accountability

The Auditor verified that ADOC's PREA webpage ensures full public accessibility in compliance with federal standards. The site includes detailed reports containing incident data on sexual abuse and sexual harassment occurring within all agency-operated and contracted facilities. The provided information encompasses annual summaries, comparative statistical analyses, and facility-level PREA audit results, all arranged in a logical, easy-to-navigate format.

ADOC maintains a consistent schedule for reviewing and updating postings to ensure that newly completed audit reports and aggregated data remain available to the public. Staff confirmed that outdated or replaced information is archived but retained for record purposes. The site provides a transparent record of ongoing compliance activity, reinforcing the department's stated goal of accountability through open reporting.

The webpage's structured design allows users—from inmates' families and community advocates to stakeholders and federal oversight bodies—to clearly follow ADOC's progress toward sustaining PREA compliance. By keeping both agency-wide and facility-specific data visible and current, ADOC demonstrates a proactive approach to sharing meaningful information that promotes confidence in its correctional practices and institutional integrity.

CONCLUSION

Based on a detailed review of ADOC's PREA webpage, supporting policy documentation, and interviews with agency leadership and compliance staff, the Auditor finds that the Alabama Department of Corrections fully complies with PREA Standard §115.403 - Agency Reporting and Public Accessibility of PREA Information.

ADOC provides readily available information in an organized, searchable, and publicly accessible format. The online platform includes complete audit reports, statistical summaries, and data analyses that collectively document the agency's commitment to transparency, public accountability, and consistency in implementing PREA standards.

The agency's practice of maintaining public access to current and historical information—along with its commitment to regular updates and accurate representation—reflects a continued emphasis on openness, accountability, and ethical stewardship within Alabama's correctional system.

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

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

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

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

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

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

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

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

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

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

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

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

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

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

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	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 order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	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 §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes