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# State of Alabama Department of Corrections

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JEFFERSON S. DUNN  
COMMISSIONER

December 21, 2021

TO: WARDENS  
DIVISION DIRECTORS  
HEADS OF STATE AGENCIES  
ADMINISTRATIVE REGULATION MONITORS

CHANGE #7  
ADMINISTRATIVE REGULATION 454

## INMATE SEXUAL ABUSE AND HARASSMENT (Prison Rape Elimination Act [PREA])

PURPOSE: To modify ADOC Form 454-C, *PREA Risk Factors Checklist*.

CHANGES TO BE MADE:

**Reference:**

**Action Required:**

AR 454, *Inmate Sexual Abuse and Harassment (Prison Rape Elimination Act [PREA])*, dated January 4, 2016.

VII. Forms, C

Replace ADOC Form 454-C, *PREA Risk Factors Checklist*, dated August 1, 2016, with revised ADOC Form 454-C, *PREA Risk Factors Checklist*, dated December 21, 2021.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed.

Advise all personnel in your organization of the change to this Regulation.

  
Jefferson S. Dunn  
Commissioner

## ADOC Classification PREA RISK FACTORS Part 1 of 2

Inmate Name: \_\_\_\_\_ AIS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Screening \_\_\_\_\_

Reason for Screening: \_\_\_\_\_ New Admission \_\_\_\_\_ Institutional Transfer \_\_\_\_\_ 30 Day Assessment  
 \_\_\_\_\_ Regular Review \_\_\_\_\_ Special Referral

### I. Sexual Victimization Risk Factors:

Mode		Modes of obtaining information	Yes	No	Refuse
		Q=Question, O=Visual Observation, FR=Transcript or File Review			
Q	1	Have you ever experienced sexual victimization? <i>(Note to Interviewer: If an inmate answers "Yes" to this question, the inmate must be referred to a medical and/or mental health practitioner within 14 days.)</i>			
Q	2	Have you ever been told you have a mental disorder, learning disability, physical or a developmental disability? Does the offender have difficulty verbalizing or do they require a medically assistive device such as a cane, wheelchair, walker or crutches? <i>Consider: hearing impairment; speech impediment; legally blind; frail.</i>			
Q/FR	3-a	Do you consider yourself to be (circle one)? Lesbian (L)/Gay (G)/Bisexual (B)/ Transgender (T)/Intersex (I) or Gender Nonconforming (GN)?			
O	3-b	Inmate is perceived to be LGBTIGN (answer only if "No" or "Refuse" was the response to 3-a.)?			
Q	4	Do you feel unsafe or vulnerable in a prison setting?			
FR	5	Youthful age (21 or younger)? – <i>Confirm date of birth above.</i>			
FR	6	Elderly age (55 or older)? - <i>Confirm date of birth above.</i>			
FR	7	Physical build: Male (Less than 5'6" and 140 pounds)?			
FR	8	First incarceration? <i>Consider prior, juvenile history.</i>			
FR	9	Current or prior conviction for sexual offenses against an adult or child?			
FR	10	Exclusively non-violent criminal history?			
FR	11	Detained solely on civil immigration charges?			
		<b>Potential Victim Designation</b>			
		<b>Potential Victim:</b>  (Male) If "Yes" to <u>three</u> or more questions in Section I. (Female) If "Yes" to <u>four</u> or more questions in Section I.			

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 Form to be utilized in conjunction with ADOC-AR 454.

ADOC Form 454-C – December 21, 2021

## ADOC Classification PREA RISK FACTORS Part 2 of 2

**Inmate Name:** \_\_\_\_\_ **AIS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Reason for Screening: \_\_\_\_\_ New Admission \_\_\_\_\_ Institutional Transfer \_\_\_\_\_ 30 Day Assessment  
 \_\_\_\_\_ Regular Review \_\_\_\_\_ Special Referral

**II. Sexual Predatory Risk Factors:**

Mode		Modes of obtaining information	Yes	No	Refuse
		FR=Transcript or File Review			
FR	1	Prior acts of sexual abuse? <i>(Note to Interviewer: If the answer is "Yes" to this question, the inmate must be referred to a medical and/or mental health practitioner within 14 days.)</i>			
FR	2	Prior convictions for violent offenses? (excluding sexual offenses)			
FR	3	History of institutional violence or sexual abuse? (History, Disciplinary)			
FR	4	History of engaging in domestic violence?			
FR	5	Gang affiliation?			
		<b>Potential Predator Designation</b>			
		<b>Potential Predator (male only):</b> If "Yes" to <u>three</u> or more questions in Section II			

**III. Mental Health Referrals:**

<b>If a Potential Victim or Potential Predator Designation has been assigned and/or the answer to the first question for victimization and abusiveness is "Yes," the inmate must be referred to Mental Health Personnel for further evaluation and designation.</b>			
	<b>Determination / Designation</b> (victim, predator, none)	<b>Date</b>	<b>Signature</b>
Referral to Mental Health Professional			
Mental Health Referral Form MH008 Completed			
Reviewed by ADOC Mental Health Professional			
Notation of Review in Mental Health Section of Health Record			
Referred to Vendor Psychologist or Psychiatrist			

Referring Classification Specialist/IPCM Signature:

\_\_\_\_\_

Reviewing ADOC Mental Health Professional Signature:

\_\_\_\_\_

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