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GOVERNOR

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JEFFERSON S. DUNN
COMMISSIONER

October 26, 2016

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

CHANGE # 3
ADMINISTRATIVE REGULATION 454

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

PURPOSE: To delete the hotline number 91 section from Form 454-G, *Log of Unannounced Rounds*

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, G

Replace ADOC Form 454-G, *Log of Unannounced Rounds*, dated April 18, 2016 with revised ADOC Form 454-G, *Log of Unannounced Rounds* dated October 26, 2016.

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

Alabama Department of Corrections

Log of Unannounced Rounds

Date: _____

Shift: _____

1. The Warden, IPCM, or shift commander must conduct at least one unannounced facility round on each shift, with a minimum of three checks per week, in order to deter staff sexual abuse and harassment.
2. Each shift must conduct a PREA Hotline check (for each line) on one phone (per facility) at least once per shift. These rounds should not be done at the same time every day.
3. These rounds must be noted in the shift log and on this form.
4. Any unusual information must be documented and reported immediately.

Unannounced facility round (PREA Standard §115.13d)

Time round started: _____

Time round ended: _____

Anything unusual noted:

Signature

Title

Date

PREA Hotline check (66) (PREA Standard §115.51b)

Time check made: _____

Housing Unit number: _____

Any discrepancies: _____

Signature

Title

Date

Video Monitor Check (Equipment operating properly, camera position, clarity, audio (if available) incidents) (PREA Standard §115.13a)

Time check made: _____

Any Discrepancies (list submitted work orders): _____

Signature

Title

Date

Distribution: Original-attach to shift log (copy)
Copy-IPCM (original)

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