

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** August 25, 2020

### Auditor Information

**Name:** Georgeanna Mayo Murphy      **Email:** GeorgeannaMurphy@yahoo.com

**Company Name:** Murphy PREA Auditing Services

**Mailing Address:** 5413 Hilltop Drive South      **City, State, Zip:** Mobile, AL 36608

**Telephone:** 251-421-0604      **Date of Facility Visit:** August 7, 2020

### Agency Information

**Name of Agency:** Pathway Inc.

**Governing Authority or Parent Agency** (If Applicable): Click or tap here to enter text.

**Address:** 275 Private Road 1201      **City, State, Zip:** New Brockton, AL 36351

**Mailing Address:** Click or tap here to enter text.      **City, State, Zip:** Click or tap here to enter text.

**The Agency Is:**       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency Website with PREA Information:** <https://www.pathway-inc.com>

### Agency Chief Executive Officer

**Name:** Joseph Peeples

**Email:** jpeeples@pathway-inc.com      **Telephone:** 334-894-5591

### Agency-Wide PREA Coordinator

**Name:** Barbara Morrison

**Email:** barbaram@pathway-inc.org      **Telephone:** 334-445-1286

**PREA Coordinator Reports to:** Joseph Peeples      **Number of Compliance Managers who report to the PREA Coordinator:** 4

## Facility Information

**Name of Facility:** Pathway Group Home

**Physical Address:** 524 County Road 143

**City, State, Zip:** Ozark, AL 36360

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <https://www.pathway-inc.com>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
none

### Facility Administrator/Superintendent/Director

**Name:** Andrew Swain

**Email:** aswain@pathway-inc.com

**Telephone:** 334-443-0479

### Facility PREA Compliance Manager

**Name:** Andrew Swain

**Email:** aswain@pathway-inc.com

**Telephone:** 334-443-0479

**Facility Health Service Administrator**  N/A

**Name:** Brittany Wilkerson

**Email:** bwilkerson@pathway-inc.com

**Telephone:** 334-445-1286

### Facility Characteristics

**Designated Facility Capacity:**

12

Current Population of Facility:	12	
Average daily population for the past 12 months:	12	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	13-20	
Average length of stay or time under supervision	4-6 months	
Facility security levels/resident custody levels	Low	
Number of residents admitted to facility during the past 12 months	16	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	16	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	16	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Alabama Department of Youth Services <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	12	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	4
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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**Investigations**

**Criminal Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: <b>Special Investigative Division of Department of Youth Services</b> ) <input type="checkbox"/> N/A
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**Administrative Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	3
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<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: <b>Special Investigative Division of the Department of Youth Services</b> ) <input type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Pathway Group Home is operated by Pathway Inc. which provides residential treatment for court ordered juveniles. The facility is licensed by the Alabama Department of Youth Services who conducts an annual facility audit using ACA (American Correctional Association) guidelines with a follow up 6 month review to maintain licensure. The facility is located in Ozark, Alabama at 524 County Road 143 in Coffee County. The audit was conducted by Georgeanna Mayo Murphy, a U.S. Department of Justice certified PREA Auditor for Juvenile Facilities. The on-site audit was conducted on August 7, 2020. The facility contacted the auditor in February and entered into a contract conduct their first PREA audit.

In February of 2020 the auditor was contacted by Mr. Andrew Swain, Facility Manager, to begin the contract and audit process. Mr. Swain and his staff provided the auditor with the completed Pre-Audit Questionnaire, files, staffing list, resident census reports, etc. This information was sent to auditor in May for the original July audit date. The audit had to be rescheduled to August 7 due to the auditor testing positive for COVID 19. Flyers with the auditors address were posted throughout the facility on May 25, 2020. The flyer explained that all information was confidential. Staff were instructed to treat all auditor correspondences like privileged mail. The auditor provided the facility with the audit process map at the time the contract was signed and a proposed schedule was sent to the facility two weeks before the on-site visit so they could adequately prepare for the audit. The facility provided the auditor with a quiet area where staff could be interviewed privately. The facility provided the auditor with lists for interviews for both staff and residents to provide a broad overview for interview selection. In the past 12 months there were no allegations of sexual harassment by residents at the facility or any allegations of sexual abuse.

The facility has MOU's with the One Place Family Justice Center to conduct forensic sexual assault examinations. SANE nurses are employed to conduct the examinations. The Coffee County Sheriff's Department conducts all criminal investigations with detectives from their sex crimes division. All administrative investigations are conducted by the Director and Manager of the facility with the criminal investigation always taking precedence. The detective in charge of the criminal investigation stays in contact with the director to ensure facility remains informed, The Alabama Department of Human Resources also investigates any allegation of child abuse including all sexual assaults that occur in detention facilities. A report of the findings by DHR is sent to the facility upon completion of their investigation. All employees of the facility are mandatory reporters and receive training on line using the Alabama Department of Human Resources website curriculum.

On line research of the Pathway Group Home found no record of any allegations of abuse physical or sexual. The facility is under no judicial decrees and there is no Department of Justice involvement. The Alabama Department of Youth Services has had no reports of sexual abuse or harassment from the facility. The facility has a website and currently provides information including the investigative process and Third Party Reporting Form. The annual redacted data and PREA Audit Report will be added once the report is received. The auditor received no correspondence from any residents or staff members during the six week period prior to the on-site visit.

Upon arrival on August 7, 2020 the auditor met with the Program Manager, Andrew Swain, to go over the plan for the visit and tour the facility. The facility is made up of two buildings. Building one houses

administrative offices, kitchen/dining area, the resident sleeping quarters and living area. Building two serves as the utility shed and work-out area. There are 4 sleeping rooms with three beds in each area. The dayroom/dining area separate the sleeping quarters from the shower/restroom area. The building includes 3 individual showers and three restroom stalls. At least two staff member are assigned to building one at all times. The ratio is 21 staff member to 12 residents at all times.

Cameras are monitored 24 hours a day. There are 21 cameras which can be viewed by the Director at any time. The camera system has the ability to record events for preservation. The auditor could find no blind spot at the facility. Line staff and the therapist walked the auditor through the intake process including the screening; admit paperwork, orientation information and housing/programming decisions steps. The auditor viewed the grievance system process and discussed it with residents and staff during the interviews. The auditor observed cross gender announcement by all staff entering opposite sex housing units. PREA posters and posters with the PREA Hotline for DYS and Rape Crisis Center and posted throughout the facility. Phones are provided for residents to make calls to these numbers at any time and privacy is provided so they can speak freely. No phone calls are monitored or recorded in the facility. The facility has a MOU with Deep South Language Services to provide interpreters for those who are unable to read and speak English. All written information is provided in Braille for residents who are sight impaired. Residents who are hearing impaired are also provided with an interpreter so that they can have access to PREA information. Residents with low I.Q. scores or who have trouble understanding the written information provided to them are read all handouts by their therapist during the intake process.

Formal and informal interviews were conducted with administrative and line staff, residents and medical staff. There were 12 residents detained at the facility during the on-site visit and 12 employees. Ten residents were interviewed during the on-site visit. Twelve staff members were interviewed including line staff, administrative, medical, mental health were interviewed by the auditor during the on-site visit All administrative staff were interviewed. Administrative staff included the CEO, Joseph Peoples, COO/PREA Coordinator, Barbara Morrison, Facility Director/PREA Manager, Andrew Swain, Human Resources Manager, Patrick Parker, therapist, and two members of the nursing staff.

Residents were interviewed using the recommended DOJ protocols designed to ascertain their knowledge of the options available to them to report sexual assault or sexual harassment, training they received regarding their personal safety, the screening process, search procedures, cross gender announcements, showering procedures, as well as their access to visitation, phone usage, and contact with their attorney. Staff were also questioned using the recommended DOJ protocols designed to ascertain their overall understanding of PREA and their role in providing a sexually safe environment for all residents detained at the facility. Questions were related to training, zero tolerance, reporting options and duties, responding to allegations of sexual assault and sexual harassment, staffing ratios, first responder and mandatory reporting duties. Administrative staff were questioned about the duties directly related to their jobs. I was allowed to view all 12 resident files to look at the training they received and to view their screening form for victimization/or assaultive tendencies. I viewed all staff files and observed criminal background checks that included NCIC, Sex Offender Registry and the CAN Report from the Alabama Department of Human Resources. No employee had any indications of abuse, neglect or crimes of a sexual nature. The facility also requests references from prior employers once a release is signed to determine if they were involved in any offences at their prior places of employment. The employee training files were in excellent order. Employees receive PREA training each year and refresher classes as needed. Many of the training curriculums are from the PREA Resource Centers training library. All administrative and upper level line staff take turns conducting unannounced rounds which are documented. These rounds are done randomly and rounds are done on the night shift as well by the supervisor in charge. Administrative staff also conduct round on random nights to ensure safety. Policy prohibits staff from alerting other staff rounds are being conducted.

Residents are provided the opportunity to submit grievances at anytime to both the Facility Director and Therapist. The Alabama Department of Youth Services also has a grievance box located in the dayroom of

the facility. Residents report that all grievances are dealt with swiftly and they are made aware of the outcome. Residents reported they felt staff respected their privacy when they were in the restroom changing clothes, showering or using the restroom. Residents take turns showering in one of the three private showers. All showers have curtains and a door to ensure privacy. Residents not showering remain in the day room under the observation of staff. Staff position themselves between the residents who are showering and those waiting to shower to ensure the safety of all residents under their supervision. Cameras are not placed in the resident's shower/restroom area. All residents attend school. All residents are seen by the nurse within 24 hours of being admitted to the facility. A therapist is assigned to each resident as part of the program. The therapist conducts the screening instrument to determine a resident's risk of victimization or assaultive behavior. The resident meets with their therapist on a regular basis during their time in the program. Staff maintain a ratio of two staff for every 12 residents at all times. These ratios exceed those mandated by the Alabama Department of Youth Services for licensure and are strictly followed. Staff conduct a wellness check on all residents every 15 minutes during sleeping hours. The facility employees both male and female staff members. Residents reported that at no time had they ever been searched by a member of the opposite gender.

The Barbara Morrison serves as the PREA Coordinator and as the Chief Operations Officer of Pathway Inc, She reported she felt she had sufficient time and authority to implement PREA policies and practices. Mrs. Morrison is very dedicated to providing the residents in her facilities with a safe environment where they can receive programming that aids them in their successful return to their communities. Andrew Swain, Facility Director /PREA Manager, serves in many capacities and is very involved on the campus. He is a very hands-on Director and also dedicated to providing a safe environment for all residents. He and his administrative team are very active and present in the facility and maintain professionalism at all times. Residents report they can talk to them at any time.

At the conclusion of the on-site visit I met with the Facility Director, Andrew Swain to discuss what was learned during the audit. The facility is extremely dedicated to providing the residents in their care with a safe environment free from sexual assault and sexual harassment.



## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

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The facility moved from Dothan, Alabama to its current location in Ozark this year. The main building where the residents live was built with safety being one of the main focuses. The CCV system provides the director with the ability to observe all parts of the facility 24-hours per day. The system provides the ability to record incidents to determine corrective action. The Pathway Group Home serves males ages 13-20 who have finished other programs in the Alabama Department of Youth Services. The facility basically serves as a half-way house where residents continue therapy both for themselves and their families.

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round on random nights to ensure safety. Policy prohibits staff from alerting other staff rounds are being conducted.

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## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 43

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

#### 115.311 (c)

- 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  No  NA
- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was analyzed in making the compliance determination:

#### Documents

Pre-Audit Questionnaire

Agency Policy 115.311

Agency Organizational Chart

Agency PREA Coordinator Duties

Pathway Inc. PREA Policy and Procedure Manual

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.311

#### Interviews

Chief Operations Officer/PREA Coordinator

Program Director/PREA Manager

#### Site Review

Observations of physical plant

#### Findings

##### 115.311(a)

The facility has a policy 115.311 that mandates zero tolerance for any sexual assault or sexual harassment of residents at the facility. The policy outlines the facility's strategies for preventing, detecting, and responding to such behaviors. Facility policy addressed prevention through the appointment of a PREA Coordinator, conducting criminal background checks and CAN Reports on all staff, contractors, and volunteers who have contact with residents. Training is conducted with all staff, contractors and volunteers who have contact with residents annually to ensure they have a good understanding of the zero tolerance policy and their duty to report. This training is tailored to the type of contact the individual has with the residents. Staffing ratios are maintained at all times. Information is posted throughout the facility regarding PREA, reporting assault and harassment options. All residents are screened to determine their risk of vulnerability or assaultive behavior so proper housing and programming can be assigned. The facility has a policy in place for detecting sexual assault and harassment through proper training of staff, volunteers, contractors and residents. Screening during the intake process also aids in placing residents in proper housing and programming. The facility policy on responding to sexual assault and sexual harassment is addressed by investigating all allegations, providing advocates, medical help and counseling. Disciplinary sanctions are also addressed in the policy for staff and residents. All incidents are reported to the Alabama Department of Youth Services who licenses the facility. The policy provides for an incident review team, data collection, and analysis. The policy is consistent with the PREA standards and outlines the facility's approach to sexual safety.

##### 115.311(b)

The facility has a policy 115.311 that mandates the Chief Operations Officer serves as the PREA Coordinator for all Pathway facilities. The policy states the facility PREA Coordinator has the time, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator has direct access to the Executive Officer of Pathway Inc, Joseph Peoples, to report any issues or concerns. The organizational chart lays out the chain of command. The interview with the PREA Coordinator confirmed she felt she had sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. She was very knowledgeable of the PREA standards

and takes the safety of residents in the facility very serious.

115.311(c)

The facility has a policy 115.311 that mandates the Program Manager serves as the PREA Manager for the facility. The policy states the facility PREA Manager has the time, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. The PREA Manager has direct access to the Chief Operations Director/PREA Coordinator, Barbara Morrison, to report any issues or concerns. The organizational chart lays out the chain of command. The interview with the PREA Manager, Andrew Swain, confirmed he felt he had sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. He was very knowledgeable of the PREA standards and takes the safety of residents in the facility very serious

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility is a for-profit facility which provides residential therapy services for juvenile's court ordered to the program. This standard is not applicable to this facility. It does not contract with any other facility to house residents.

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
x Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? x Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? x Yes  No
  
- 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? x Yes  No
  
- 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? x Yes  No
  
- 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 residents may be isolated)? x Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? x Yes  No
  
- 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? x Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- 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? x Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? x Yes  No
- 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? x Yes  No
- 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? x Yes  No

### 115.313 (e)

- Has the facility 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? (N/A for non-secure facilities) x Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) x Yes  No  NA
- Does the facility 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? (N/A for non-secure facilities) x Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Documentation  
PRE-Audit Questionnaire

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
PREA Policy 115.313  
Pathway Inc. PREA Policy and Procedure Manual  
Organizational Chart 2020  
Pathway Group Home Staffing Plan/Review  
Vulnerability Assessment  
Listing or Intermediate and Higher level staff  
Supervisory Monitoring Log/Unannounced Rounds  
Staffing list  
Staff Schedules  
Annual Staffing Review

Interviews:

Interviews with Supervisors  
Interview with Director  
Interview with Program Director/PREA Manager  
Interview with Chief Operations Officer/PREA Coordinator

Site Review Observations

Observance by auditor during audit walk-thru

Discussion

Policy 115.313 mandates the following:

- (a) The facility has a staffing plan that requires a ratio of 1:8 at all times both waking hours and resident sleeping hours. This staff to resident ratio exceeds the ratio mandated by the Alabama Department of Youth Services. Each year the Director, Chief Operations Officer/PREA Coordinator and Program Director/PREA Manager reviews the staffing plan to ensure the mandated staffing patterns are followed. The plan takes into consideration the 11 criteria mentioned in the standard as well as hazardous weather staffing.
- (1) Generally accepted juvenile detention and correctional/secure residential practices;
  - (2) Any judicial findings of inadequacy;
  - (3) Any findings of inadequacy from Federal investigative agencies;
  - (4) Any findings of inadequacy from internal or external oversight bodies;
  - (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
  - (6) The composition of the resident population;
  - (7) The number and placement of supervisory staff;
  - (8) Institution programs occurring on a particular shift;

- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

Staffing provides for at least two employees on each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts an annual audit of the facility. The auditor discussed staffing issues with the Director, Chief Operations Officer /PREA Coordinator, Program Manager/PREA Manager and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

- (b) The facility does not allow the staff to resident ratio to exceed 1:8 at any time. There are two employees scheduled for each 12 hour shift.
- (c) There were no deviations during this review period.
- (d) The facility does not allow the staff to resident ratio to exceed 1:8 at any time. There are two employees scheduled for each 12 hour shift.
- (e) The facility does not allow the staff to resident ratio to exceed 1:8 at any time. There are two employees scheduled for each 12 hour shift.
- (f) The policy requires unannounced and unpredictable rounds be done by supervisory and administrative staff daily. Upon reviewing the Unannounced Rounds logs it was evident that all rounds are very random and conducted on each shift several times daily. The rounds are conducted by shift supervisors during their assigned shift and administrative staff during their normal work week with pop in checks on weekends, holidays and night shifts. I met with supervisors which were chosen randomly. Each supervisor stated they conducted the rounds several times during their shift and made sure these checks were random and unpredictable. The policy dictates that no staff member is allowed to alert any other staff member the rounds are being conducted. Any staff member who violates this policy would be subject to disciplinary action. Rounds are conducted to ensure the safety of all residents and staff members on duty and to ensure staff are performing their duties as directed. Supervisory and administrative staff make an entry in the Unannounced Rounds Log to document the check was done. Administrative staff spot check these rounds on the video system to ensure they are being conducted properly.

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- 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?  
x Yes    No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? x Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? x Yes  No
- Does the facility document all cross-gender pat-down searches? x Yes  No

#### 115.315 (d)

- Does the facility have policies that enable residents 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? x Yes  No
- Does the facility have procedures that enable residents 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? x Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? x Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) x Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? x Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? x Yes  No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? x Yes  No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documents:

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.315  
Pathway Inc. PREA Manual  
Staff Assignment Roster  
Staffing Plan  
Employee Training Files

#### Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Manager/PREA Manager  
Interviews with Supervisors  
Interviews with Line Staff  
Interviews with Residents

#### Site Review Observations:

Observations during on-site visit

#### Discussion:

Policy 115.315 dictates the following:

- (a) It is the policy of the facility that no cross-gender searches or cross-gender visual body cavity searches are performed except in exigent circumstances or when performed by medical professionals. The facility does not allow pat-down searches. Searches are conducted by staff members of the same gender during intake, after community service outings and after home visits. All body cavity searches are only conducted by medical personnel. There have been no body cavity

searches conducted in the past 12 months. At all times male staff are on duty. This staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.

- (b) Searches are conducted by staff members of the same gender as the resident. Searches are conducted at the time of intake, after community service outings and after home visits. There have been no body cavity searches conducted in the past 12 months. At all times male staff are on duty. This staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
- (c) Searches are conducted by staff members of the same gender as the resident. Searches are conducted at the time of intake, after community service outings and after home visits. There have been no body cavity searches conducted in the past 12 months. At all times male staff are on duty. This staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
- (d) Policy mandates that residents are allowed 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 incidental to a routine cell check. Policy requires staff of the opposite gender to announce their presence when entering a housing bay/resident room. Residents interviewed stated that any time a member of the opposite gender entered the housing bay/resident room they announced their presences.  
The policy was discussed with administrative personnel, supervisory staff, line staff and residents. The auditor asked administrative staff, supervisory staff and line staff if staff members alerted residents a member of the opposite gender was entering a housing bay/resident room. All groups indicated this policy was followed as mandated. The announcements were viewed during the auditor's on-site visit. The auditor asked line and supervisory staff to walk the auditor through a room check which is conducted every 15 minutes while residents are in their housing area. Females and male staff members are assigned to the all male facility. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents. Staff members look visually into each room to ensure the residents housed inside are safe and present. All restroom stalls have a door which ensures the resident's privacy is maintained. Residents shower individually in three separate shower stalls with shower curtains and a door. They enter fully clothed and they shower in a closed shower stall to provide privacy. There no visibility through the shower stall. Once the resident's shower is complete they dress and exit the shower stall. Residents interviewed described the same procedure for showers and room checks.
- (e) Facility policy prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined through conversations with the resident or by reviewing previous records provided by the Department of Youth Services, or by the nurse during the admit evaluation conducted in the first 24 hours of arriving at the facility. Conversations with administrative staff, supervisory and line staff and the nurse confirmed this is the policy. The facility has admitted no transgender or intersex residents during this review period.
- (f) Searches are conducted by staff members of the same gender as the resident. Searches are conducted at the time of intake, after community service outings and after home visits. There have been no body cavity searches conducted in the past 12 months. At all times male staff are on duty. This staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
- (g) The Program manager discussed the training program with the auditor. Training is conducted using the PREA Resource Center's: Guidance in Cross-Gender and Transgender Pat Searches, curriculum. Each staff member receives this training annually. Training was documented in the training file. Staff interviews with both line and supervisory staff confirmed the training.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? x Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? x Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? x Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? x Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? x Yes  No
- Does the agency take appropriate steps to ensure that residents 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.) x Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? x Yes  No
- 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? x Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? x Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? x Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? x Yes  No

#### 115.316 (b)

- 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 residents who are limited English proficient? x Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? x Yes  No

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Documents:

Prison Rape Elimination Act Regulatory Guidelines Alabama Department of Youth Services  
Policy 115.316  
Pathway Inc. PREA Manual  
MOU Deep South Language Services  
MOU Quatar Graves Richardson (Speech Therapy and Special Education Services)  
List of Certified Interpreters Administrative Office of Courts  
Braille Orientation Materials  
Spanish Orientation Materials  
Confirmation of Receipt of PREA during Orientation Form

**Interviews:**

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager

Policy 115.316 mandates the following:

- (a) Pathway Group Home provides orientation in formats accessible to all residents, including those who are limited English proficient, hearing impaired, visually impaired or otherwise disabled including those who have limited reading skills. The facility takes the appropriate steps to ensure all residents have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect and respond to sexual abuse and harassment. The facility has a MOU with Deep South Language Services to provide interpreters for those residents who have limited English proficiency. The facility has a MOU with Quatar Graves Richardson to provide speech therapy services and special education services. The Administrative Office of Courts provides facilities with certified interpreters to provide sign language services for the hearing impaired. Residents who are visually impaired are provided with all orientation materials in the Braille format. The facility therapist, Patrick Parker, will read information to all residents during the orientation process to ensure they understand the information provided. There have been no residents who required the above mentioned services in the past 12 months.
- (b) Orientation materials are provided in the language of those not English proficient. Throughout the facility all PREA posters were also available in Spanish. Interpretation services are provided through a MOU with Deep South Language Services. There have been no residents who required the use of interpreters or orientation materials in a language other than English in the past 12 months.
- (c) Resident readers and interpreters are not used.

## **Standard 115.317: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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)? x Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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? x Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? x Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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)? x Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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? x Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? x Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? x Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? x Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? x Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? x Yes  No
- Before hiring new employees who may have contact with residents, 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? x Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? x Yes  No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? x Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? x Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? x Yes  No
- Does the agency ask all applicants and employees who may have contact with residents 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? x Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? x Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? x Yes  No

#### 115.317 (h)

- 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.) x Yes  No  NA

#### Auditor Overall Compliance Determination

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### Documents:

Prison Rape Elimination Act Regulatory Guidelines  
Policy 115.317  
Pathway Inc. PREA Manual  
Hiring Application/PREA Employment Questionnaire  
Release of Liability for Employee Reference  
Employee Files  
Criminal Background Checks  
Child Abuse and Neglect Reports

### Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Human Resource Coordinator  
Interviews with Supervisors  
Interviews with Line Staff  
Interviews with Therapist

Policy 115.317 mandates the following:

- (a) The facility will not hire or promote anyone who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. It will not hire or contract or promote anyone who may have contact with residents 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 he victim or not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activities. Administrative staff confirm this is the policy and practice of the facility and they take it very seriously.
- (b) It is the policy of the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. Conversations with Administrative staff confirms this is the policy and practice of the facility. They also confirm the consequence for any form of sexual harassment by a staff member can be grounds for disciplinary action up to and including termination. The Contract services would be canceled for any contractor engaging in sexual harassment of any form.
- (c) It is the policy of the facility that all potential employees and all facility employees and/or contractors have a criminal background check as well as a Child Abuse and Neglect Report run

on them prior to employment and every five years thereafter. All potential employees must sign a release of liability for any institutional setting they may have perilously worked so their prior employer can complete a questionnaire regarding their work history as well as any information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse or physical abuse. All applicants and employees must disclose any act of misconduct. Failure to do so will result in termination for consideration of employment and termination of employment or contract services. After a thorough review of employee/contractor files the auditor observed national criminal background checks run through the Alabama Bureau of Investigation and Federal Bureau of Investigation, sex offender registry requests, and Child Abuse and Neglect reports from the Alabama Department of Human Services. The auditor also observed requests for information from previous employers and their responses.

- (d) Policy mandates if an agency considering employing a former staff member submits the proper documentation signed by the applicant the facility will release documentation concerning any acts of sexual/physical abuse, sexual harassment, and pending litigation related to the former employee. The Director, Program Director and Human Resources Coordinator would be responsible for completing all requests.

## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- 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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### 115.318 (b)

- 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 residents 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    No    NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.318  
Pathway Inc. PREA Manual  
Camera Installation Plan

#### Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager

Policy 115.318 mandates the following:

(a) Policy dictates that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effects of the design, acquisition, expansion, or modifications upon the facility's ability to protect residents from sexual abuse. The Director stated in the interview that in the building of the new facility housing the Pathway Group Home all aspects of safety and security were evaluated and addressed.

(b) Policy also mandates that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. In the new facility the cameras were placed to ensure there were no blind spots.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
x Yes  No  NA

#### 115.321 (b)

- 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.) x Yes  No  NA
- 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.) x Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? x Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? x Yes  No
- 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)? x Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs? x Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? x Yes  No

- 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.) x Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  
x Yes  No

#### 115.321 (e)

- 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? x Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? x Yes  No

#### 115.321 (f)

- 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.) x Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- 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.) x Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation:

Alabama Department of Youth Services/Special Investigation Unit 1-14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.221  
Pathway Inc. PREA Manual  
Agreement with Coffee County Sheriff's Department  
MOU with One Place Family Justice Center Southeast Health Syst

### Interviews:

Interview Director  
Interview Chief Operations Officer/PREA Coordinator  
Interview Program Director/PREA Manager  
Interview Supervisors  
Interview Line Staff  
Interview Nurse

### Policy 115.221 mandates the following:

- (a) / (b) The Coffee County Sheriff's Department is responsible for investigation of all allegations of sexual abuse at the facility as well as the Alabama Department of Youth Services Special Investigation Unit. The detectives assigned to the sex crimes division as well as the forensic employees of the department follow a uniform evidence protocol procedure to maximize the potential for obtaining usable physical evidence for criminal prosecutions. The protocol is developmentally appropriate for youth using the U.S. Department of Justice's Office on Violence Against Women publication, "A National protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Staff/first responders are instructed to protect any evidence by sealing off the area where the alleged assault took place, advising the victim and alleged perpetrator to not remove their clothing, brush teeth, eat, rinse off body or rinse mouth or eat until they are transported for examination. During interviews with administrative staff, supervisors, and line staff they confirmed this was the policy and practice of the facility. The Director, Chief Operations Officer/ PREA Coordinator and Program Director/PREA Manager conduct administrative investigations but these are not criminal investigations in nature. These investigations are designed to determine if policy and procedure was followed by staff
- (b) Residents who allege they were victims of sexual assault are transported to One Place Family Justice Center. These residents will have their sexual assault examination performed by a SANE nurse. Advocates are provided to the victim during the examination by the center. These services are provided at no charge to the victim. The facility meets this portion of the standard

based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Director/PREA Manager and MOU with One Place Family Justice Center.

- (c) The facility is provided advocates by the One Place Family Justice Center. Residents are also provided with the number to the Rape Crisis Center so they can speak to an advocate at any time. The Child Advocacy Center also provides advocates as requested. The facility meets this portion of the standard based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Director/PREA Manager, supervisors, line staff, and residents. Residents also have a therapist assigned to them upon admittance to the facility as part of the rehabilitative program.
- (d) As requested by the victim, a victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals a The facility meets this portion of the standard based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Director/PREA Manager, MOU with Rape Crisis Center, MOU One Place Family Justice Center.
- (e) The Coffee County Sheriff's Department is requested to follow the requirements in paragraphs (a) through (e).

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

**115.322 (c)**

- 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 115.321(a).) x Yes  No  NA

**115.322 (d)**

- Auditor is not required to audit this provision.

**115.322 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Documentation:**

Alabama Department of Youth Services/Special Investigation Unit 1-14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.322  
Pathway Inc. PREA Manual  
Agreement Coffee County Sheriff’s Office

**Interviews**

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager

- (a) Facility policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Coffee County Sheriff’s Department and Special Investigation Unit of the Alabama Department of Youth Services conduct all

criminal allegations of sexual abuse and sexual harassment if it arises to a criminal level. The Director and Program Director and PREA Coordinator investigate allegations of minor sexual harassment such as name calling and unwanted advances. These are dealt with using the facility's disciplinary infraction system.

- (b) It is facility's policy to ensure all allegations of sexual abuse or sexual harassment are referred to the Coffee County Sheriff's Department and Special Investigative Unit of the Alabama Department of Youth Services is available on the facility website [pathway-inc.com](http://pathway-inc.com). The Program Director/PREA Manager and Chief Executive Officer/PREA Coordinator conduct administrative investigations on all allegations of sexual assault and sexual harassment. The administrative investigations related to sexual assault determine if policy and procedures were violated by staff. These are not criminal investigations. All criminal investigations are conducted by the Coffee County Sheriff's Department and Special Investigative Unity of the Alabama Department of Youth Services. Detectives from the sex crimes division who are also assigned to the Child Advocacy Center work with the Alabama Department of Human Resources to investigate all allegations of sexual assault. They work in tandem with a collaborative group at the Coffee County Child Advocacy Center made up of detectives, DHR, medical personnel, counselors, and assistant district attorneys to determine if the case is prosecutable.

The publication on [pathway-inc.com](http://pathway-inc.com) describes the responsibilities of the facility and the Coffee County Sheriff's Department in the investigative process. This information was provided to the auditor by the Director, Chief Operations Officer/PREA Coordinator, Program Director/PREA Manager.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? x Yes  No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? x Yes  No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment x Yes  No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? x Yes  No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? x Yes  No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? x Yes  No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? x Yes  No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? x Yes  No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? x Yes  No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? x Yes  No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? x Yes  No

### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
x Yes  No
- Is such training tailored to the gender of the residents at the employee's facility? x Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? x Yes  No

### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
x Yes  No
- 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? x Yes  No
- 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? x Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- x **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.331  
Alabama Department of Youth Services Written Policy and Procedure 13.6  
Pathway Inc. PREA Manual  
Employee Training Curriculum  
Employee Training Files

Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Supervisors  
Interviews with Line Staff

Facility Policy 115.331 and DYS Policy 13.6 mandates the following:

- (a) The agency shall train all employees who may have contact with residents on:
- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
  - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - (3) Residents' right to be free from sexual abuse and sexual harassment;
  - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  - (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
  - (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
  - (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
  - (8) How to avoid inappropriate relationships with residents;
  - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
  - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
  - (11) Relevant laws regarding the applicable age of consent.

The facility curriculum addresses each of these topics. The training curriculum comes from the PREA Recourse Center's Employee Training program. The training focuses on working with the juvenile population and the unique needs of working in correction facilities for youth. The Program Director/PREA Manager places a heavy emphasis on training staff to ensure the safety and security of the facility and the residents who reside there. This training is provided annually to all staff members and refresher training is provided as needed. In the auditors interviews with line staff and supervisors their knowledge of PREA, zero tolerance, responsibilities regarding prevention, detection, reporting and response were evident. They knew and understood the resident's right to be free from sexual harassment and sexual abuse as well as their right and the resident's right to be free from retaliation for reporting such acts. Staff discussed what made children who are court involved more susceptible to sexual abuse and harassment, and the common reactions of residents who are being sexually abused or harassed. They discussed the "red flags" that adult offenders and juvenile offenders may display during the grooming process and when engaging in sexual abuse. They have received training on working with LGBTI juveniles. They understand their duties as mandatory reporters and understand the laws of legal consent as it relates to the State of Alabama. It is evident from the interviews that staff training is a priority at this facility.

(b) All training is tailored to the unique needs and attributes of residents detained in the facility. The facility serves males so training is tailored for employees who work with male juveniles. This information was provided to the auditor through interviews with the Program Director/PREA Manager, line staff and supervisors.

(a) All staff receive training during their first 40 hours of new employee training. All staff receive PREA training annually or as- needed refresher training. This information was provided to the auditor through interviews with the Program Director/PREA Manager, line staff and supervisors.

(c) All employee training is documented in their training files. Employees sign a document stating they understood the training they received. This document is placed in their training file. The auditor verified training is being conducted as policy dictates by observing all current employees files.

## Standard 115.332: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)?  Yes  No

#### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 4.4

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.332

Pathway Inc. PREA Manual

Training Curriculum

Memo from Program Director

Interviews:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Director/PREA Manager

Interview with Contractor

Policy 115.332 mandates the following:

- (a) The facility ensures that all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Before volunteers/contractors are allowed to have contact with residents they must complete their PREA training. This training includes the zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. This information was provided by through the interview with the Director and Program Director/PREA Manager.
- (b) The level and type of training provided to volunteers and contractors is based on the services they provided and the level of contact they have with residents. All volunteers and contractors who have contact with residents receive training on the zero tolerance policy for sexual abuse and sexual harassment and reporting such incidents. This information was provided by through the interview with the Director and Program Director/PREA Manager.
- (c) The facility maintains PREA training documentation in each volunteer/contractors training file. Volunteers/contractors sign a form indicating they received the PREA training and understand the training they received. This information was provided by through the interview with the Director and Program Director/PREA Manager.
- (d) NOTE: There have been no contractors of volunteers required during the review period.

## **Standard 115.333: Resident education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? x Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? x Yes  No
- Is this information presented in an age-appropriate fashion? x Yes  No

**115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? x Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? x Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? x Yes  No

**115.333 (c)**

- Have all residents received the comprehensive education referenced in 115.333(b)? x Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? x Yes  No

**115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? x Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? x Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? x Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? x Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? x Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
x Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- x **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 13.1.2

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.333

Pathway Inc. PREA Manual

Resident Training Curriculum

Resident Handbook

MOU Deep South Language Services

MOU Qatar Graves Richardson (Speech Therapy and Special Education Services)

List of Certified Interpreters Administrative Office of Courts

Braille Orientation Materials

Spanish Orientation Materials

Confirmation of Receipt of PREA during Orientation Form

#### Interviews:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Supervisors  
Interview with Line staff  
Interviews with Therapist  
Interview with Residents

Policy 115.333 mandates the following:

- a) During the intake process, residents receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. At the point of intake all residents are given a PREA Manual and sign that they received the handbook. It explains the facility's zero tolerance policy and how to report any incident of sexual abuse or sexual harassment. Residents also go over a PowerPoint which goes into detail about PREA, zero tolerance, reporting options, what to do if you are assaulted, what to do to preserve evidence, medical treatment, and their right to be free from retaliation. At the end of the presentation residents are asked if they have any questions and they understand what they have been read. They then sign a form stating they received and understood the information. This form is placed in the residents file. Interviews with administrative staff, supervisors, line staff, therapist and residents confirmed this is the practice of the facility. Patrick Parker, Facility Therapist, conducts resident orientation during the intake process.
- b) Comprehensive, age appropriate PREA training is conducted during the orientation process by Facility Therapist, Patrick Parker. Topics discussed include: their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting any incident. Residents are instructed on what the process is once an allegation of sexual assault or sexual harassment is made. In the auditors interviews with residents they were well versed in their right to be free from sexual assault and sexual harassment. They understood the many ways they could report any sexual harassment or sexual assault (tell a staff member, teacher, DYS Advocate, administration member, PREA Hotline, parent, attorney, probation officer, or using the grievance procedure). Each resident interviewed said that they would tell a trusted staff member if they had any issue while at the Group Home. Residents were very open and comfortable during their interviews. No resident told the auditor they did not want to answer the questions or participate. Refresher training is provided during group counseling on a monthly basis.
- c) All residents at the facility had received training before the auditor arrived for the on-site visit. Files audited revealed each resident received comprehensive PREA training at intake.

(d)  
Pathway Group Home provides orientation in formats accessible to all residents, including those who are limited English proficient, hearing impaired, visually impaired or otherwise disabled including those who have limited reading skills. The facility takes the appropriate steps to ensure all residents have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect and respond to sexual abuse and harassment. The facility has a MOU with Deep South Language Services to provide interpreters for those residents who have limited English proficiency. The facility has a MOU with Qatar Graves Richardson to provide speech therapy services and special education services. The Administrative Office of Courts provides facilities with certified interpreters to provide sign language services for the hearing impaired. Residents are

visually impaired are provided with all orientation materials in the Braille format. The facility therapist, Patrick Parker, will read information to all residents during the orientation process to ensure they understand the information provided. There have been no residents who required the above mentioned services in the past 12 months.

Orientation materials are provided in the language of those not English proficient. Throughout the facility all PREA posters were also available in Spanish. Interpretation services are provided through a MOU with Deep South Language Services. There have been no residents who required the use of interpreters or orientation materials in a language other than English in the past 12 months.

- (e) All residents sign documentation indicating they received the information and understood the information provided to them. This documentation is placed in the resident's file. The auditor observed the signed documentation in each residents file.
- (f) PREA posters and pamphlets are located throughout the facility. This was observed during the auditor's walk through.

## Standard 115.334: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.321(a).)  
 Yes  No  NA

#### 115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- 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 115.321(a).)  Yes  No  NA
- 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 115.321(a).)  Yes  No  NA
- 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 115.321(a).)

Yes  No  NA

### 115.334 (c)

- 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 115.321(a).)  
 Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation

DYS 4.4

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.443

Pathway Inc. PREA Manual

Training Curriculum PREA Resource Center for Investigators

#### Interviews:

Interview with Director

Interview with Program Director/PREA Manager

Interview with Chief Operations Officer/PREA Coordinator

This standard is not applicable to this facility. All criminal investigations are conducted by the Coffee County Sheriff's Department, DYS Special Investigative Unit and Alabama Department of Human Resources. The facility does conduct administrative investigations to determine if facility policy and procedure was followed but there is no involvement in the criminal case. Joseph Peebles and Tom Vanderwall received Administrative Investigator Training using the training model on the PREA Resource Center.

## Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.335 (a)

- 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.)  
x Yes  No  NA
- 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.) x Yes  No  NA
- 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 juvenile 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.) x Yes  No  NA
- 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 .)  
x Yes  No  NA

### 115.335 (b)

- 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.)  
x Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) x Yes  No  NA

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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.)  
x Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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.) x Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS 12.2  
 Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
 Policy 115.335  
 Pathway Inc. PREA Manual  
 Training Files  
 Training Curriculum  
 MOU with One Place Family Justice Center  
 NIC Training Health Medical and Mental Health Care

Interviews:

Interview with Director  
 Interview with Chief Operations Officer/PREA Coordinator  
 Interview with Program Director/PREA Manager  
 Interview with Nurse, Brittany Wilkerson  
 Interview with Therapist, Patrick Parker

Policy 115.335 mandates the following:

- (a) All full-time and part-time medical and mental health practitioners who work regularly in the facility are trained in, how to detect and assess signs of sexual abuse and sexual harassment,

how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has a full-time nursing staff and full-time therapist. Both the nurse and therapist participated in the National Institute of Corrections PREA training for Medical and Mental Health Care Staff. Interviews with therapists and the nurse confirmed the training was received. This training is documented in their training files.

- (b) Medical staff contracted by the facility do not conduct forensic examinations. All forensic medical examinations are conducted at the One Place Family Justice Center.
- (c) The training documentation of medical providers and therapists are maintained in their training file.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? x Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? x Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? x Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? x Yes  No

#### 115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? x Yes  No
- Is this information ascertained during classification assessments? x Yes  No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? x Yes  No

#### 115.341 (e)

- 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 resident's detriment by staff or other residents? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.341

Pathway Inc. PREA Manual

Resident Files

Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (SVVSAB)

Interviews:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Director/PREA Manager

Interviews with Therapist

Interviews with Residents

Policy 115.341 mandates the following:

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

(b) Such assessments shall be conducted using an objective screening instrument.

(c) At a minimum, the agency shall attempt to ascertain information about:

(1) Prior sexual victimization or abusiveness;

(2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;

(3) Current charges and offense history;

(4) Age;

(5) Level of emotional and cognitive development;

(6) Physical size and stature;

(7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities;

(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The facility uses the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) developed by the Alabama Department of Youth Services. The screening instrument is objective. Residents are screened within 72 hours by their therapist. The information is maintained on a computer program that is password protected. Only the therapist, Director and Program Director/PREA Manager have access to the SVVSAB information. Only the information necessary to make housing and programming decisions is provided to supervisors. The auditor viewed the resident's files and found each resident had been given the SVVSAB. Interviews with the residents also confirmed they participated in the SVVSAB within 72 hours of being detained.

(d) This information shall be ascertained through conversations with the resident and therapist during the intake process.

(e) The information is maintained on a computer program that is password protected. Only the therapist, Director and Program Director/PREA Manager have access to the SVVSAB information.

Only the information necessary to make housing and programming decisions is provided to supervisors.

## Standard 115.342: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes  No  NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
x Yes  No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes  No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  
x Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? x Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? x Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
x Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? x Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS 13.8.1  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.342  
Pathway Inc. PREA Manual  
SVVSAB  
Resident Files  
Housing Unit Placement Form

Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Therapist  
Interview with Nurse  
Interview with Supervisors  
Interview with Line Staff  
Interview with Residents

Policy 115.342 mandates the following:

- (a) The facility will use all information obtained pursuant to Standard 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The information provided through the use of the SVVSAB will be used to determine housing and programming arrangements. The 4 rooms allow staff to house by age group, propensity for aggressive behavior and prior victimization and other considerations.
- (b) Isolation is not used at this facility. Residents may be sent to speak to their therapist, Director, Program Director or a supervisor to redirect inappropriate behavior. Residents who refuse to comply with facility rules will be expelled from the program and transported back to the Department of Youth Services.
- (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- (d) In deciding whether to assign a transgender or intersex resident to a housing bay, and in making other housing and programming assignments, the agency will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- (e) Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident.
- (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
- (1) The basis for the facility's concern for the resident's safety; and
  - (2) The reason why no alternative means of separation can be arranged.
- (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

There have been no transgender or intersex residents housed at the Pathway Group Home during this review period. There were no openly gay residents at the Group Home during the auditor's on-site visit. Residents who refuse to comply with the rules of the facility are expelled and transferred back to the Department of Youth Services.

# REPORTING

## Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? x Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? x Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? x Yes  No

### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? x Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? x Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request? x Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No x NA

### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? x Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? x Yes  No

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? x Yes  No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS 1.13

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.351

Pathway Inc. PREA Manual

PREA Training Curriculum for Staff

PREA Training Curriculum for Residents

Resident Files

Staff Training Files

Posters throughout the facility

#### Interviews:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Director/PREA Manager

Interview with Therapist

Interview with Nurse

Interview with Teacher

Interview with Supervisors

Interview with Line Staff

Interview with Residents

Policy 115.351 mandates the following:

a) The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have many ways to report at their disposal. Interviews with residents confirmed they understood they

had the ability to tell a trusted staff member, file a grievance, tell their legal guardian during visitation or when making weekly phone calls, tell their probation officer, tell their attorney or tell any member of the administrative staff who are on the campus on a daily basis as well as tell the DYS Advocate.

Residents may also call the PREA Hotline at the Alabama Department of Youth Services. Reports can be made anonymously or as a third party reporter. Administrative staff, Supervisors and line staff also listed the reporting options available to residents of the facility during their interviews. These reporting options are discussed at the time of intake during the comprehensive PREA Orientation.

(b) The facility also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents can call the Alabama Department of Youth Services PREA Hotline. The state PREA Coordinator will review all messages left on the hotline number daily and report any issues to the facility where the alleged sexual assault or sexual harassment took place. The Facility Manager will initiate an investigation at that point. Residents may also speak to the DYS Advocate who comes to the facility on a regular basis. All criminal investigations of alleged sexual assault will be handled by the Coffee County Sheriff's Department, Criminal Investigation Division of the Department of Youth Services and Alabama Department of Human Resources. During this review period there have been no calls made to the PREA Hotline at the Alabama Department of Youth Services regarding sexual assault or sexual harassment at the Pathway Home. This information was obtained by the auditor through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, therapists and Residents. Residents have access to their legal guardians through phone calls, visitation and home visits. They are also allowed to write letters to their legal guardian, and probation officers.

(c) Staff members accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. These reports are documented and passed directly to the Supervisor who immediately contacts the Program Director/PREA Manager. All allegations are investigated and reported to the Coffee County Sheriff's Department, Criminal Investigation Division of the Department of Youth Services and DHR. This information was obtained through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, therapist, and residents.

(d) The facility provides residents with access to tools necessary to make a written report. Residents are supplied with writing utensils as requested. If a resident requests to write a grievance a form is given to them and they are provided a pencil. The grievance is placed in the grievance box or given to a member of the administrative team who is actively on the campus daily. This information was provided to the auditor through interviews with Administrative Staff, Supervisors, Line staff, Nurse, therapist, teachers and Residents.

(e) The facility provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff members may also use the PREA Hotline at the Alabama Department of Youth Services or they may report directly to the Coffee County Sheriff's Department or the Alabama Department of Human Resources. Staff also stated they could contact the Director or Program Manager/PREA Manager directly with any concerns they may have about a juvenile's sexual safety.

No residents are held in this facility for immigrations purposes.

## **Standard 115.352: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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  No

### 115.352 (b)

- Does the agency permit residents 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  No  NA
- Does the agency always refrain from requiring a resident 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  No  NA

### 115.352 (c)

- Does the agency ensure that: A resident 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  No  NA
- 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  No  NA

### 115.352 (d)

- 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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
x Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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.) x Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
x Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) x Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) x Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x Yes  No  NA
- After receiving an emergency grievance alleging a resident 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.)  
x Yes  No  NA
- 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.) x Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
x Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x Yes  No  NA

- 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.) x Yes  No  NA
- 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.) x Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) x Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS 1.13  
 Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
 Policy 115.353  
 Pathway Inc. PREA Manual  
 Resident Training Curriculum  
 Staff Training Curriculum  
 Resident Handbook  
 Resident Receipt of Information Form  
 DYS Youth Grievance Form  
 www.pathway-inc.com

#### Interviews:

Interview with Director  
 Interview with Program Director/PREA Manager  
 Interview with Chief Operations Officer/PREA Coordinator

Interview with Therapist  
Interview with Supervisors  
Interview with Line Staff  
Interview with Residents

Policy 115.352 mandates:

- (a) Residents are provided with access to tools to make written reports of any form of abuse, sexual harassment, retaliation by another client or staff member and staff neglect or violation of responsibilities.
- (b) Reports/grievances can be given to any staff member at any time.
- (c) Under no circumstances will the resident/client be required to submit the written complaint to the staff member who is subject of the complaint
- (d) Pathway permits third parties including, fellow residents, staff members, family members, attorneys and outside advocates to assist clients/residents in filing request for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of clients/residents. A third party reporting form can be located on the pathway-inc.com website. Clients/residents are encouraged to report any act of sexual abuse or sexual harassment that they witnessed or suspect
- (e) If a client/resident declines to have third party assistance in filing a grievance alleging sexual abuse, Pathway will document the client/resident's refusal. The client/resident cannot refuse if the third party report is made by the legal guardian of the child.
- (f) An emergency grievance can be filed alleging substantial risk of imminent sexual abuse. Emergency grievances will require an initial response within 48 hours and must be immediately reported to the PREA Manager or Director. With guidance the PREA Manager or Director staff will take immediate action to protect the client/resident from potential imminent sexual abuse. A final decision regarding an emergency grievance will be made and issued within 5 days.
- (g) There have been no third party grievance has been filed during this review period.
- (h) There have been no resident grievance related to sexual harassment or sexual assault filed during this review period

This information was obtained by reviewing the listed information and through interviews with administrators, therapists, supervisors, line staff, and residents.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing

addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? x Yes  No

- 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.)  Yes  No x NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? x Yes  No

#### 115.353 (b)

- Does the facility inform residents, 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? x Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? x Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? x Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? x Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.353

Pathway Inc. PREA Manual

Resident Handbook

PREA Training Orientation Resident

PREA Posters English/Spanish

MOU One Place Family Justice Center

#### Interviews:

Interview Director

Interview with Chief Operations Officer/PREA Coordinator

Interview Program Manager/PREA Manager

Interview with Therapists

Interviews with Supervisors

Interviews with Residents

Interviews with staff

The facility reports there have been no allegations of sexual abuse or sexual harassment during this review period.

- (a) The facility provides residents with access to outside victim support services related to sexual abuse through and MOU with the One Place Family Justice Center and a phone number to contact the Rape Crisis Center at any time. The RAPE Crisis Center provides the facility with toll free number residents can use to talk to outside victim support advocates. These advocates are trained by the national Rape Crisis Center. This number is prominently posted throughout the facility. Residents can ask a staff member at any time to make the phone call and they will be provided with a confidential space to talk to their advocate. There are no residents who are being held solely for immigration purposes. Residents may call to speak with advocates confidentially. This is explained to residents during the intake process by the therapist. The facility therapist is also available to residents at the facility. This is also discussed in the resident handbook.
- (b) The facility has a MOU for advocate services with the One Place Family Justice Center to provide advocate services. The facility also has access to the Coffee County Child Advocacy Center who provides therapist to victims of sexual assault. Residents are also assigned a therapist upon their intake to the facility and they meet with the therapist regularly.
- (d) Residents may contact their attorney if needed. However, most residents no longer have an attorney when they arrive to the program. Staff will place phone calls to attorneys if residents request. They are provided to their probation officers if they request to speak to them. Residents are provided access to their legal guardians through weekly phone calls, letters home, visits and home passes depending on their level in the program.

## Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.554

Pathway Inc. PREA Manual

Resident Handbook

[www.pathway-inc.com](http://www.pathway-inc.com)

Alabama Department of Youth Services Website

Interviews:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Director/PREA Manager

Interview with Therapist

Interviews with Supervisors

Interviews with Residents

Interviews with Staff

- (a) The facility policy allows third party individuals to assist the resident in filing a PREA related grievance as well as allows third parties (other residents, employees, teachers, attorneys, parents, volunteers, etc.) to file grievances on the behalf of residents. Residents are provided this information during orientation and at the intake process. Visitors to the facility will find the information posted on the Pathway Inc. website, [www.pathway-inc.com](http://www.pathway-inc.com) and the DYS website <https://dys.alabma.gov> along with the investigative procedure.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- 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  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- 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  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  
x Yes  No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? x Yes  No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? x Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 1.14

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.361

DYS Form 8.12 Critical Incident Report

Mandatory Reporting Pamphlet

Confirmation of Parent/Attorney/Guardian Notification

PREA Form 115.341.2 Guidelines for PREA Shared Information

DHR-FCS-1593 Child Abuse Reporting Form

Anonymous Reports

PREA Form 115.354 Third Party Reporting

Medical Consent  
Code of Alabama 26-14-3  
Pathway inc. PREA Manual  
Training Curriculum Staff

Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Therapist  
Interviews with Nurse  
Interviews with Staff  
Interviews with Supervisors

- (a) The facility policy requires staff to immediately report any suspected or alleged abuse, sexual harassment or neglect to their supervisor or administrative staff. Staff are also required to report any form of retaliation to supervisory staff and/or administrative staff immediately.
- (b) Staff are mandatory reporters and receive training in their duties upon employment and every two years thereafter. Retaliation of those who report sexual abuse, sexual harassment or neglect is not tolerated and will be dealt with up to and including termination. Staff may also report to law enforcement, DHR, DYS or the PREA Hotline.
- (c) Staff are prohibited from revealing any information regarding sexual abuse or sexual harassment to anyone but law enforcement, medical, administrative personnel only.
- (d) Medical, mental health and teachers are also mandatory reporters and must report any suspected or alleged abuse, sexual harassment or neglect. Medical and mental health staff notify residents their duty to report incidents of abuse or neglect before providing services.
- (e) Upon receiving an allegation, the Director shall promptly report it to the Coffee County Sheriff's , Special Investigations Division of the Department of Youth Services and the Department of Human Resources for investigation. The Director shall also notify the parent/legal guardian unless the facility possesses legal documentation they are not to be notified. The allegations shall be reported to the victims' attorney within 14 days as well as their DHR worker if they have one. If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Director and Program Director/PREA Manager of the facility will be notified immediately of the situation.
- (f) All allegations of sexual abuse or sexual harassment are reported for investigation. These allegations can be third party, anonymous, etc. The director will also notify the licensing authority, Alabama Department of Youth Services.

## Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 13.8.1  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.362  
Pathway Inc. PREA Manual  
DYS 8.12 Critical Incident Form  
PREA Form 115.342 housing Unit Placement Form  
Staff Training Curriculum

#### Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Therapist  
Interview with Nurse  
Interviews with Staff  
Interviews with Supervisors

(a) If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Director or Program Director/PREA Manager of the facility will be notified immediately of the situation. The facility takes the safety of the resident extremely serious and provides immediate action to insure safety. The resident can be placed in one of the other four sleeping areas under close staff observation if needed to ensure their safety. Isolation is not used in the facility.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- Upon receiving an allegation that a resident 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.363

Interviews:

- Interview Director
- Interview Chief Operations officer/PREA Coordinator
- Interview Program Director/PREA Manager
- Interview Therapist
- Interview Nurse
- Interview with Staff
- Interview with Supervisors

- (A) The facility reports there have been no allegations of sexual abuse or sexual harassment made by residents regarding another facility they were housed at prior to arriving at the Pathway Group Home
- (B) If a resident were to make an allegation against another facility the director would report the allegation to the administrator of the facility where the alleged abuse occurred. The director would also make a report with DHR and the investigative agency of the facility.
- (C) Reports are made within 72 hours of receipt of the allegation.
- (D) This information is documented and placed in the residents file as well as a file in the director's office.
- (E) The director of the facility will ensure that the investigation is completed as directed in the standard.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
x Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? x Yes  No
- Upon learning of an allegation that a resident 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? x Yes  No
- Upon learning of an allegation that a resident 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? x Yes  No

### 115.364 (b)

- 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? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.364

Pathway Inc. PREA Manual

Staff Training Curriculum

PREA Form 115.364 First Responder Checklist

PREA Form 115.364.1 First Responder Guidelines for Sexual Assault

#### Interviews:

Interview Director

Interview with Chief Operations Officer/PREA Coordinator

Interview Program Director/PREA Manager

Interviews with Staff

Interview with Supervisors

Interview with Therapist

Interviews with Nurse

Pathway Group Home has had no allegations of sexual harassment or sexual abuse.

During staff interviews it was evident to the auditor that they were well versed in the duties of a first responder. Staff understood their first step in responding to a sexual assault is to separate the alleged victim from the alleged abuser. Staff understood the importance of preserving the crime scene and described the procedures for locking the door or roping off the areas allowing no one other than law enforcement to enter the scene. Staff also described what steps they would take to secure the evidence that may be located on the victim and alleged perpetrator (do not allow the resident to use the restroom, brush their teeth, bathe, change clothes, eat or drink). They also detailed to me the steps they would take to get the victim immediate medical attention and the location they would go to for treatment.

- (a) Interviews with staff members who were not identified as security staff indicated they understood their responsibility to ensure the alleged victim and alleged abuser do not destroy possible evidence and notify the security staff of the incident immediately.

## Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.365 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.365

Pathway Inc. PREA Manual

Written Institutional Plan  
2020 Pathway Group Home Coordinated Response

Interviews:

Interview Director  
Interview Chief Operations Officer/PREA Coordinator  
Interview Program Director/PREA Manager  
Agreement Coffee County Sheriff's Department  
MOU One Place Family Justice Center  
Coffee County Child Advocacy Center  
Interviews with staff  
Interview with Supervisors  
Interview with Therapist  
Interview with Nurse

- (a) Pathway Group Home has a written institutional plan included in the PREA Manual which clearly identifies the coordinated response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, DHR, victim advocates, district attorney, and facility leadership. The facility reports all allegations of sexual abuse to the Coffee County Sheriff's Department, Special Investigation Division of the Department of Youth Services and Department of Human Resources. Residents are transported to One Place Family Justice Center for a forensic examination by a SANE Nurse. Advocates are provided through all steps of the medical and investigative process through a MOU with the One Place Family Justice Center. Administrative staff conduct an independent investigation to ensure policy and procedure were followed. A team at the Coffee County Child Advocacy Center made up of health practitioners, criminal investigators, DHR, victim advocates and district attorneys determine if a criminal case will be prosecuted. The director of the facility will be notified of their decision.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.366 (a)

- 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.366 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DUS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.366

Pathway Inc. PREA Manual

Interview:

Interview with Director

Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Director/PREA Manager

Interview Human Resources Coordinator

No agreement for collective bargaining exists on the agency's behalf preventing the Pathway Group Home from ensuring safety of an alleged victim from an alleged abuser. The Pathway Group Home has the authority to place alleged staff abusers on administrative leave pending the outcome of an investigation of sexual abuse and/or sexual harassment. The Pathway Group Home has the authority terminate a staff member/contractor who has been accused of sexual abuse or sexual harassment.

## Standard 115.367: Agency protection against retaliation

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? x Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? x Yes  No

#### 115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? x Yes  No

#### 115.367 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? x Yes  No
- 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? x Yes  No
- 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? x Yes  No
- 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 resident disciplinary reports? x Yes  No
- 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: Resident housing changes? x Yes  No
- 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: Resident program changes? x Yes  No
- 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? x Yes  No

- 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? x Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? x Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
x Yes  No

#### 115.367 (e)

- 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?  
x Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.367

Pathway Inc. PREA Manual

Unannounced Rounds Log

Log Books

PREA Form 115.342 Housing Unit Placement Form

PREA Form 115.367 Protections Against Retaliation

Treatment Notes

PREA Form 115.171 Investigative Outcomes  
Resident Rosters  
Staffing Assignments

Interviews:

Interview Director  
Interview Chief Operations Officer/PREA Coordinator  
Interview Program Director/PREA Manager  
Interview Therapist  
Interviews with Staff  
Interview with Supervisors  
Interview with Residents  
Interviews with Nurse

Pathway Group Home had no allegations of sexual harassment or sexual abuse. There have been no reports of retaliation during the past 12 months that was made known or suspected

Pathway Group Home will protect all clients/residents and staff who report sexual abuse or sexual harassment and cooperate with sexual abuse or sexual harassment investigations from retaliation. Pathway Group Home will employ multiple protections measures, including housing changes or transfers for clients/resident victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations. Supervisors and the PREA Manager will monitor retaliation of residents and staff.

- (a) Monitoring will last at least 90 days but can be longer if required. First line supervisory staff as well as the Director and Program Manager conduct random unannounced rounds which are documented. Protection measures are in place to ensure the safety of residents and staff. Residents can be reassigned to a different sleeping room to ensure they are not in contact with their alleged abuser or with anyone who is retaliating against them. In the case of staff abusers they will be placed on administrative leave until the investigation is concluded.
- (b) Monitoring will last at a minimum 90 days. This monitoring will include view all disciplinary reports involving the resident, housing changes, and programming changes. All staff performance reviews and assignments will be monitored to insure they are not being retaliated against.
- (c) Periodic status checks will be conducted by the Director and Program Manager on residents who have alleged abuse or who have participated in the investigative process.
- (d) All staff and residents who cooperate in the investigative process are protected and the same monitoring is put in place to ensure they are not retaliated against.

## Standard 115.368: Post-allegation protective custody

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This standard does not apply to the Pathway Group Home. Segregated housing is not used in the facility. Any resident who has alleged to have suffered sexual abuse requiring segregated housing to be protected will be re-staffed by the Department of Youth Services.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- 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 115.321(a).]  Yes  No  NA
- 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 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- 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  No

#### 115.371 (f)

- 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 resident or staff?  
x Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? x Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x Yes  No
- 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? x Yes  No

#### 115.371 (h)

- 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? x Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
x Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
x Yes  No

#### 115.371 (k)

- 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?  
x Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside agency 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 115.321(a).) x Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 1.14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.372  
Pathway Inc. PREA Manual  
Agreement Coffee County Sheriff's Department  
Records Retention Schedule  
PREA Form 115.371 Process for Investigating Sexual Assault Allegation  
PREA Form 115.371.1 Investigative Outcome  
Credentials for Investigators

#### Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Supervisor  
Interview with Staff  
Interviews with Therapist

Pathway Group Home had no allegations of sexual harassment or sexual abuse during this review period.

- (a) All allegations of sexual abuse and sexual harassment are turned over to the Coffee County Sheriff's Office, Special Investigation Division of Department of Youth Services and the Department of Human Resources. The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act did not contribute to the abuse.
- (b) The Coffee County Sheriff's Department has detectives trained to work with juveniles who have alleged to be the victims of sexual abuse. These officers are assigned to the Coffee County Child Advocacy Center. They will determine the relevance of all allegations.
- (c) Evidentiary standards in their investigations will be set by law enforcement policy at the Coffee County Sheriff's Department. It is facility policy to provide the Coffee County Sheriff's Department with all relevant reports, video evidence and access to the alleged victim, alleged abuser and witnesses.
- (d) Facility policy dictates that the investigation does not terminate due to the recantation of the alleged victim.
- (e) The agency does not interfere with the criminal investigation and will not conduct interviews that may be detrimental to the criminal case.
- (f) Facility policy does not base the credibility of a victim on his/her status as a resident or staff member. No resident will be polygraphed to determine truthfulness as an investigative tool.
- (g) The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act did not contribute to the abuse. This is documented and maintained by the director.
- (h) All criminal investigations are conducted by the Coffee County Sheriff's Department. They will document their investigation based on their policy and procedure.
- (i) If criminal behavior is found it will be prosecuted. This decision will be made by the Coffee County Sheriff's Department and Coffee County District Attorney's office.
- (j) The facility retains all written reports on the resident abuser and staff member for more than 5 years. Any staff member who engages in sexual abuse will be terminated.
- (k) Departure of the alleged victim or alleged perpetrator will not terminate the investigation.
- (l) Not applicable
- (m) The facility will work with the Coffee County Sheriff's Department to remain informed of what is going on in the investigation to the best of their ability.

## Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.372 (a)

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 1.14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.372  
Pathway Inc. PREA Manual  
Agreement Coffee County Sheriff's Department

Interview:

Interview Chief Operations Officer/PREA Coordinator  
Interview with Director  
Interview with Program Director/PREA Manager

- (a) All allegations of sexual abuse and sexual harassment are turned over to the Coffee County Sheriff's Office. They will determine the relevance of all allegations. Evidentiary standards in their investigations will be set by law enforcement policy.
- (b) Allegations of sexual abuse or sexual harassment as part of an administrative investigation will be based on a preponderance of the evidence.

## Standard 115.373: Reporting to residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? x Yes  No

### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) x Yes  No  NA

### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? x Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? x Yes  No
- Following a resident'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? x Yes  No
- Following a resident'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? x Yes  No

### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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? x Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, 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? x Yes  No

**115.373 (e)**

- Does the agency document all such notifications or attempted notifications?  Yes  No

**115.373 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 1.14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.373  
Pathway Inc. PREA Manual  
Agreement Coffee County Sheriff’s Department  
PREA Form 115.371 Process for Investigating Sexual Assaults  
PREA Form 115.373 Juvenile Notification of Investigative Outcome

Interviews:

Interview Chief Operations Officer/PREA Coordinator  
Interview with Director  
Interview with Program Director/PREA Manager

Pathway Group Home had no allegations of sexual harassment or sexual abuse during this review period.

- (a) Policy dictates a resident is notified if allegations are found to be substantiated, unsubstantiated, or unfounded.
- (b) This information is requested from the Department of Human Resources and Coffee County Sheriff's Department
- (c) The resident is informed in writing if the staff member who allegedly abused them is terminated, charged with the crime, or convicted.
- (d) The resident is notified in writing if a resident they alleged abused them is charged, or convicted.
- (e) This information will be documented on the PREA Form 115.373 Juvenile Notification of Investigative Outcome.



## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? x Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? x Yes  No

#### 115.376 (c)

- 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? x Yes  No

#### 115.376 (d)

- 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)? x Yes  No
- 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? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:

DYS Policy 1.14  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.376  
Pathway Inc. PREA Manual  
Employee Handbook  
Staff Training Curriculum

Interviews:

Interview with Director  
Interview with Chief Operations Officer/PREA Coordinator  
Interview with Program Director/PREA Manager  
Interview with Line staff  
Interviews with supervisors

- (a) The presumptive disciplinary action for staff who sexually abuses a resident is termination.
- (b) Policy dictates that the resignation or termination of a staff member who is accused of violating the agencies zero tolerance policy is reported to law enforcement and DHS. .

## Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

- 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 residents?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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### Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services Policy 115.377

PREA Form 115.332 Volunteer and Contractor Receipt of PREA

Volunteer/Contractor Training Curriculum

### Interviews:

Interview Director

Interview PREA Coordinator

Interview Program Director/PREA Manager

- (a) There have been no volunteers used by the facility during this review period.
- (b) The facility's policy requires that volunteers or contract personnel are subject to disciplinary action up to and including dismissal for violations of sexual abuse, sexual harassment, sexual misconduct and retaliation. The presumptive disciplinary action for sexual abuse is dismissal. The policy of the facility meets the requirements of this standard.

## Standard 115.378: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may

residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
x Yes  No

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? x Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? x Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? x Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? x Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? x Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? x Yes  No

#### 115.378 (d)

- 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 offer the offending resident participation in such interventions? x Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? x Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? x Yes  No

#### 115.378 (f)

- 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? x Yes  No

### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) x Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation:

DYS Policy 13.8.1  
Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.378  
Pathway Resident Handbook  
Resident Training Curriculum  
Staff Training Curriculum  
DYS Form 8.12.1 Critical Incident Initial Briefing  
Student Disciplinary Report  
Student Disciplinary Hearing Report  
PREA Form 115.342 Housing Unit Placement Form  
Crisis Intervention Treatment Notes  
PREA Form 115.371.1 Investigative Outcome

#### Interviews:

Interview Director  
Interview PREA Coordinator  
Interview Program Director/PREA Manager  
Interview Therapist  
Interview Supervisors  
Interviews Line-Staff  
Interview Residents

## Interview Nurse

The Pathway Group Home had no allegations of sexual harassment or allegations of sexual abuse.

- (a) Policy prohibits any type of sexual activity between residents as well as any form of sexual harassment. Policy dictates that if any law enforcement investigation determines that a resident is guilty of sexual abuse he will be disciplined on a case-by-case basis. The presumptive action will be removal of the resident from the program and transfer back to the Department of Youth Services.
- (b) The policy outlines the criteria for disciplinary sanctions based on those listed in the standard. Isolation is not used at this facility. The resident can be removed from the facility and placed in secure detention or returned to the Department of Youth Services if charged with a new crime.
- (c) A resident's mental disabilities and mental illness diagnosis will be considered in determining disciplinary action.
- (d) Therapy and counseling designed to address the behavior is part of the in-house disciplinary process.
- (e) Residents will only be disciplined for engaging in sexual acts with a staff member if it is found the staff member was not a consensual partner.
- (f) Reports made by residents in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying even if an investigation does not substantiate the allegation.
- (g) All sexual contact is prohibited at the facility. Consensual sexual contact between two residents will lead to disciplinary action including and not excluding expulsion from the program.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? x Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? x Yes  No

#### 115.381 (c)

- 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? x Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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### Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.381

Pathway Inc. PREA Manual

Intake Resident Training Information

PREA Orientation Training

SVVSAB Screening Instrument

Resident Files

### Interviews

Interview Director

Interview Chief Operations Officer/PREA Coordinator

Interview Program Director/PREA Manager

Interview with Nurse

Interview with Therapist

Interview with Supervisors

Interview with Staff

Interviews with Residents

(a)(b) Pathway Group Home policy provides for a resident who indicates they have been a victim of sexual abuse or perpetrator in the past whether it was in a institution or in the community be provided the opportunity to meet with their therapist upon admission to the facility. The therapist conducts the SVVSAB Screening Instrument and conducts PREA orientation training. Residents are also seen by facility medical staff within 72 hours of being detained.

(c) The information gathered by the mental and health care personnel is password protected and can only be viewed by mental health and medical staff along with the director and program director.

(d) Residents are informed of mandatory reporting requirements when meeting with the therapist and medical health providers.

## Standard 115.382: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.382 (a)

- Do resident 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? x Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? x Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? x Yes  No

#### 115.382 (c)

- Are resident 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? x Yes  No

#### 115.382 (d)

- 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? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.382

Pathway Inc. PREA Manual  
Intake PREA Training Information  
PREA Orientation Training  
SVVSAB Screening Instrument  
Resident Files  
Rare Crisis Center/Child Advocacy Center Memorandum Agreement  
PREA Form 115.364 First Responder Checklist  
PREA Form 115.321 Victim Advocate Receipt of PREA  
PREA Form 115.382 Patient Consent to Treatment Form  
Emergency Medical Treatment Notes  
Crisis Intervention Treatment Notes

Interviews  
Interview Director  
Interview Chief Operations Officer/PREA Coordinator  
Interview Program Director/PREA Manager  
Interview Therapist  
Interview with Nurse  
Interview with Supervisors  
Interview with Staff  
Interviews with Residents

- (a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
- (b) Victims are transported to the One Place Family Justice Center to be examined by a SANE nurse and a sexual assault kit obtained. Crisis Intervention Services will be provided by the One Place Family Justice Center and the Rape Crisis Center along with the facility therapist and medical staff.
- (c) Victims are provided information on sexually transmitted illness. Victims are treated for STI with a prophylaxis.
- (d) These services will be provided at no charge to the victim no matter their level of cooperation with the investigation by law enforcement.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- 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? x Yes  No

#### 115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? x Yes  No

#### 115.383 (d)

- Are resident 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 residents 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.*)  Yes  No x NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(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 residents 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.*)  Yes  No x NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? x Yes  No

#### 115.383 (g)

- 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? x Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

- DYS Policy 13.8.1
- Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services
- Policy 115.383
- Pathway Inc. PREA Manual
- MOU One Place Family Justice Center
- Rape Crisis Center/ County Child Advocacy Center Memorandum of Agreement
- Medical Mental Health Records
- Treatment Notes
- Test Results
- Mental Health Status Evaluation

Interviews:

- Interview Director
- Interview Chief Operations Officer/PREA Coordinator
- Interview Program Director/PREA Manager
- Interviews with staff
- Interviews with Supervisors
- Interviews with line staff
- Interview with Therapist
- Interview with Nurse

- (a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims will be transported to One Place Family Justice Center. Residents will be offered continued medical and mental health care through One Place Family Justice Center, Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.
- (b) Follow up and continued care will be provided for all victims of sexual abuse in the facility. Residents will be offered continued medical and mental health care through the Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.

- (c) The level of care provided to victims is equal to or greater than the level of care in the community.
- (d) Residents receive prophylaxis for STI's at no cost.
- (e) Policy dictates that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 72 hours of learning of such an abuse history and offer treatment when deemed appropriate by mental health care providers.
- (f) The Pathway Group Home has had no incidents of sexual abuse during this review period.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.386 (a)

- 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? x Yes  No

##### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? x Yes  No

##### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? x Yes  No

##### 115.386 (d)

- 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? x Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? x Yes  No
- 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? x Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? x Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? x Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? x Yes  No

## 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.386

Pathway Inc. PREA Manual

PREA Form 115.386 Sexual Abuse Critical Incident Review

Interviews:

Interview Chief Operations Officer/PREA Coordinator

Interview Director

Interview Program Director/PREA Manager

Interview Therapist

Interviews with Supervisor

Interview with Counselor

Interview with Nurse

Interview with Human Resources Coordinator

(a) Facility policy dictates the Facility Director/PREA Manager chairs the PREA Incident Review Team. A review is conducted after each sexual abuse investigation.

(b) The review will take place within 30 days of the conclusion of the investigation by law enforcement.

(c) The committee consists of the PREA Manager, senior shift supervisor, nurse and therapist.

(d) They consider if policy, staffing numbers, or video monitoring changes need to occur to prevent future incidents, if the attack was motivated by race, ethnicity, gender identity, LGBTIQ identification, gang affiliation or was motivated by or caused by other group dynamics in the facility.

(e) A comprehensive report will be compiled and submitted to the Chief Operations Officer/PREA Coordinator and Executive Director with suggested changes. The Executive Director will implement the suggested changes or document reasons for not doing so.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- 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  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- 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  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.387

Pathway Inc. PREA Manual

SSV-JJ Form

Annual Survey of Sexual Violence

Annual DYS PREA Report

#### Interview:

Interview Chief Operation Officer/PREA Coordinator

Interview Director

Interview Program Director/PREA Manager

Pathway Group Home policy dictates the facility collects uniform data for every allegation of sexual abuse using the standardized set of PREA definitions. This information is provided to the Alabama Department of Youth Services and aggregated annually. A report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The DYS PREA Coordinator prepares the report for the once approved it will be published on the DYS website , <https://dys.alabama.gov>. Before the information is made public, all identifying information is removed.

## Standard 115.388: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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? x Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 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? x Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 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? x Yes  No

#### 115.388 (b)

- 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? x Yes  No

#### 115.388 (c)

- 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? x Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? x Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services

Policy 115.388

Pathway Inc. PREA Manual

SSV-JJ Form

Annual DYS PREA Report

Interview:

Interview Chief Operation Officer/PREA Coordinator

Interview Director

Interview Program Director/PREA Manager

Pathway Group Home policy dictates the facility collects uniform data for every allegation of sexual abuse using the standardized set of PREA definitions. This information is provided to the Alabama Department of Youth Services and aggregated annually. A report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The DYS PREA Coordinator prepares the report for the once approved it will be published on the DYS website , <https://dys.alabama.gov>. Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility's sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year's data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
x Yes  No

#### 115.389 (b)

- 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? x Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

##### Documentation:

DYS Policy 13.8.1

Prison Rape Elimination Act Regulatory Guidelines State of Alabama Department of Youth Services  
Policy 115.389

Pathway Inc. PREA Manual

SSV-JJ Form

Records Retention Schedule

Annual PREA Report Published on DYS Website

##### Interview:

Interview Chief Operation Officer/PREA Coordinator

Interview Director

Interview Program Manager/PREA Manager

Pathway Group Home policy dictates the facility collects uniform data for every allegation of sexual abuse using the standardized set of PREA definitions. This information is provided to the Alabama Department of Youth Services and aggregated annually. A report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The DYS PREA Coordinator prepares the report for the once approved it will be published on the DYS website, <https://dys.alabama.gov>. Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility's sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year's data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- 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.*) x Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) x Yes  No
- 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.)  Yes  No x NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No x NA

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? x Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? x Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? x Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? x Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This is the first audit of the Pathway Group Home. The auditor was provided with free access to the facility at all times during the on-site visit. The auditor was provided with all requested materials including: employee files, resident files, training files, training curriculum, video access, behavior reports, SVVSAB screenings, monthly population reports, daily rosters, MOU's for all agencies, etc. The Auditor was provided with a private area to conduct interviews with randomly selected staff members from all shifts, randomly selected residents from all housing areas, administrative staff, nurse and therapists. The auditor's address was posted throughout the facility and residents indicated they were given the opportunity to write the auditor though none chose to do so.

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) x Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The parent agency, Alabama Department of Youth Services, publishes the final PREA Report for contracted providers. The DYS website is <https://dys.alabama.gov>.

## AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Georgeanna Mayo Murphy

August 25, 2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.