

PREA Facility Audit Report: Final

Name of Facility: Vacca Campus

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/24/2021

| Auditor Certification | |
|---|-------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Karen Murray | Date of Signature: 07/24/2021 |

| AUDITOR INFORMATION | |
|------------------------------|------------------------|
| Auditor name: | Murray, Karen |
| Email: | kdmconsults1@gmail.com |
| Start Date of On-Site Audit: | 06/10/2021 |
| End Date of On-Site Audit: | 06/11/2021 |

| FACILITY INFORMATION | |
|----------------------------|---|
| Facility name: | Vacca Campus |
| Facility physical address: | 8950 Roebuck Blvd., Birmingham, Alabama - 35206 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|-------------------|------------------------------|
| Name: | R. MaChea' Jones |
| Email Address: | machea.jones@dys.alabama.gov |
| Telephone Number: | 3343991589 |

| Superintendent/Director/Administrator | |
|---------------------------------------|--------------------------------|
| Name: | Fatima Johnson |
| Email Address: | Fatima.Johnson@dys.alabama.gov |
| Telephone Number: | 205-838-5016 |

| Facility PREA Compliance Manager | |
|----------------------------------|------------------------------|
| Name: | Robert Latham |
| Email Address: | bobby.latham@dys.alabama.gov |
| Telephone Number: | O: (205) 746-1905 |

| Facility Health Service Administrator On-Site | |
|---|--------------------------------|
| Name: | Reatha Burgess |
| Email Address: | Reatha.burgess@dys.alabama.gov |
| Telephone Number: | 205.838.4915 |

| Facility Characteristics | |
|--|-------------|
| Designed facility capacity: | 64 |
| Current population of facility: | 43 |
| Average daily population for the past 12 months: | 46 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 12-17 |
| Facility security levels/resident custody levels: | Medium-High |
| Number of staff currently employed at the facility who may have contact with residents: | 94 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 8 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Alabama Department of Youth Services |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 8950 Roebuck Boulevard, Montgomery, Alabama - 35206 |
| Mailing Address: | |
| Telephone number: | 3342153800 |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | Steven P. Lafreniere, Executive Director |
| Email Address: | Steven.P.Lafreniere@dys.alabama.gov |
| Telephone Number: | 334.215.3800 |

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------|-----------------------|------------------------------|
| Name: | MaChea' Jones | Email Address: | machea.jones@dys.alabama.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Pre-Onsite Audit Phase

The State of Alabama Department of Youth Services Vacca Campus is located at 8950 Roebuck Blvd., Birmingham, AL 35206. In April of 2021, the State of Alabama Department of Youth Services contracted to complete their third audit cycle with PREA Auditors of America, who then contracted with DOJ Certified PREA Auditor, Karen Murray to conduct the facilities audit.

The Vacca Campus is a multifaceted, secure juvenile correctional facility serving male youth ages 12 to 17 who are adjudicated juvenile offenders. Services include an educational program, substance abuse education and treatment, medical and mental health services, individual and group counseling, physical education, and other basic services important to positive youth development. Each youth works with an assigned case manager to address factors related to their committing offenses. Youth work toward developing life skills and overcoming deficits in order to earn their release from DYS by completing an individualized Service Plan (ISP). The ISP is developed by a multidisciplinary team that includes the youth, and family when possible. The Vacca Campus has three separate programs.

CHEMICAL ADDICTION PROGRAM (CAP)

Youth with substance abuse needs are placed in a specific dorm that provides substance abuse and chemical dependency treatment (CAP), which is provided by the Chemical Addiction Program in Montgomery, Alabama. Program components include assessment, individual and group therapy, substance abuse education, family therapy, family education, and introduction to support groups.

STARR PROGRAM

The Short Term Alternative Reach and Redirect (STARR) Program at Vacca serves those youths considered low to moderate risk who need an intense level of services designed to promote positive youth development, build social and coping skills, increase resiliency while challenging faulty thinking, and foster positive decision-making through the provision of a diverse set of interventions.

GENERAL POPULATION PROGRAM (GAP)

The youth in the general population are generally medium to high risk youth with committing offenses related to person, property, public order, or violation of probation/aftercare. Individual and group counseling is offered to youth and includes topics ranging from social skills, grief counseling and anger management, to release and after care preparations. The programs and services offered by Vacca Campus are designed to provide an opportunity for youth to return to their communities and function as lawful and productive citizens. CAP services/treatment is also available to GAP youth.

Vacca Campus offers motivational speakers throughout the year to motivate and encourage youth to set goals for themselves and strive to achieve those goals. Spiritual needs are met by a dedicated faith based volunteers from the community. Parents of youth are offered many opportunities to visit their youth and engage in activities to strengthen family relationships. (Alabama Department of Youth Services website, Vacca Campus - Alabama Department of Youth Services, May 2021)

On April 18, 2021, this Auditor emailed PREA Manager Bobby Latham with meeting dates to formally make contact with the facility and an initial call to discuss the initiation of the audit processes. On April 26, 2021, the Auditor conducted an audit processes introductory phone call with the State of Alabama Department of Youth Service's PREA Manager Bobby Latham and PREA Coordinator Machea Jones. Mr. Latham and Ms. Jones and the Auditor then discussed communications moving forward. The decision was made contacting of one another could be made to either parties, via cell phone, at any time, and or by the use of email communications through the secure email provided through PREA Auditors of America. The facility was provided instruction on the following:

1. A choice of how documentation for the audit would be uploaded. Mr. Latham and Ms. Jones were made aware of the Online Audit System or the uploading to a secure Google Docs folder. The decision was made to use the Online Audit System (OAS). The timeline of all documentation being uploaded six weeks before the onsite phase of the audit was then discussed and agreed upon.

2. The Auditor explained logistics to include unimpeded access to the facility, documents and staff once onsite.
3. The Auditors' role would be one of collaboration to achieve audit processes and purpose.
4. How collaboration would be accomplished to establish goals and expectations. The auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
5. The Auditor informed Mr. Latham and Ms. Jones of the Issue Log for applicable areas of concern of uploaded documentation. The color process of the Issue Log was explained- red highlighted items would indicate further information was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements. Communication exchanged between the State of Alabama Department of Youth Services and the Auditor would be documented on the Issue Log between both Mr. Latham and the Auditor and by uploading all documentation onto the OAS.
6. How discussion of corrective action could be accomplished during all phases of the audit.
7. The onsite audit phase would be scheduled for June 10-11, 2021.
8. The notice of the audit posting, for the scheduled audit, needed to be posted by April 26, 2021. Audit postings were posted on April 21, 2021. The notice provided included the auditor contact information and audit dates. The Auditor requested pictures of the posting and areas where the notice was posted. Pictures were provided on April 21, 2021 for areas to include: The facility Chapel, Bailey Hall, McNeel Gym, the gatehouse, medical clinic, dining hall, Hill Hall, McNeel School, Weakley Hall, Underwood Hall, and Smith Hall.
9. The Pre-Audit Questionnaire (PAQ) and all supporting documentation was to be completed and uploaded by May 3, 2021. Standard area issues discussed before the on-site audit phase of the audit and how those areas were satisfied are described throughout the standards below.
10. As described above, identification of issues with the PAQ information was provided through the Issue Log.

On May 9, 2021, this Auditor emailed Mr. Latham the first Issue Log, with areas needing further information. On May 19, 2021 this Auditor emailed Mr. Latham the staff specialized, visitor and resident request for information forms. The auditor also reminded Mr. Latham that this audit would cover a three-year period and all information uploaded would need to sustain this auditing period; however, documentation uploaded would need to be from the prior 12 months. On May 31, 2021, this Auditor emailed Mr. Latham and Ms. Jones the on-site audit schedule.

Document Review:

Throughout the course of the next two months the Auditor completed a review all submitted documents uploaded onto the OAS and provided feedback to both Mr. Latham and Ms. Jones via the issue log and email communications.

The following issues were noted on the issue log during the pre-onsite audit phase.

1. 115.313 (a)-1: Staffing Plan: Revise to provide details regarding where security staff are to be placed; where cameras are placed (or a table demonstrating placement); components of the facilities physical plant to include blind spots; a composition of the resident population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; applicable state laws or standards and the prevalence of substantiated or unsubstantiated incidents of sexual abuse for the last three years. The staffing plan was revised on June 17, 2021 to include all eleven required components as is required by PREA Juvenile standards.
2. 115.313 (d)-1: Provide staffing plans for years 2020 and 2019. Due to the Vacca Campus changing over computer systems during the year 2020, past Staffing Plans were lost. A memo dated June 14, 2021, addressed to the Auditor, by the DYS PREA Coordinator, states, "In accordance with the PREA Standard 115.313(d)-1. The Program Administrator, PREA Coordinator and PREA Compliance Manager have scheduled Staffing Plan to be reviewed the first quarter of each year to ensure the facility has a sound review system in place.
3. 115.313 (e)-1: Documentation to demonstrate Unannounced Rounds are taking place for the entire campus as opposed to only living halls. In addition to the unannounced rounds taking place in living halls, the facility provided Vacca Campus Department of Youth Services Security Campus Inspection logs, dated 1.7.2021, 3.14.2021, 4.12.2021, 4.23.2021, 5.3.2021, 6.3.2021, 6.19.2021, demonstrating

unannounced rounds are completed for the entire campus on a continual basis.

4. 115.315 (d)-2: Revision to Agency policy and procedure DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 15, section E: to remove the following text: "Staff of the opposite gender to the juveniles are required to announce their presence when entering a Juvenile living unit. Since staff at all DYS and contract service providers are male and female gender, DYS procedures require that three cross gender announcements per day (one on each shift) be made to alert juveniles that another gender staff could be on the living unit at any time. Shift supervisors are responsible for making entries into the log book on each living unit that the cross gender announcements have been made at the beginning of first and second shift and upon juveniles being awakened on third shift. A suggested announcement is "female on the hall in a male Facility; and male on the hall in a female Facility". The language regarding three announcements per day has been removed from policy. (DYS Policy 13.8.1, PREA Regulatory Guidelines revised; however, date of policy was not changed).
5. 115.317 (a)-1: Revision to Agency policy and procedure DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 7, section 115.317, II.A to include: "who has engaged in sexual abuse in a prison, jail, lockup community and confinement facility, juvenile facility, or other institution as opposed to only stating 'community. DYS Policy 13.8.1, PREA Regulatory Guidelines revision date 7.1.2021 has been revised to include the required language as is stated above. Policy revised; however, date of policy was not changed.
6. 115.317 (c)-1: Provide documentation that demonstrates reference checks include contact of institutional employers, for information on substantiated allegations of sexual abuse or any resignation during pending investigation for employees and contractors. The facility provided a PREA Employee Questionnaire, dated February 2018. The questionnaire is required for employment consideration, annual performance reviews and promotions. The form will be maintained in a confidential, personnel file. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, and July 1, 2021 addressed to Karen Murray PREA Auditor, from Connie Rich, Human Resource Director, that states, "In accordance with Code of Federal Regulation 115.317(c)(3) the Alabama Department of Youth Services Investigation Division will make a good faith effort in contacting former institutional employers prior to the hiring of new employees. In addition, DYS is implementing five (5) year background checks on all contractors, volunteers, interns, etc."
7. 115.321 (c)-1: MOU for outside advocate and forensic exams currently expired.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 25, 2021, addressed to Karen Murray PREA Auditor, from Director of Facility Operations & Community Relations that states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of students and facility staff are educated on related policies. The information below outline specific steps that will be taken regarding PREA standards. Memorandum of Understanding (MOU) with Children's Hospital: The Alabama Department of Youth Services (DYS) has made multiple attempts to renew the MOU with Children's Hospital over the last several months. DYS will continue to make effort to renew the MOU. Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses for advocacy services through CHIPS.

8. 115.333(a)-2: In general, for this standard and those moving forward, resident documentation uploaded does not seem to address the following:
 - Youth material suggest youth are to file a grievance with an inside advocate;
 - The handbook does not speak to an emergency grievance for PREA allegations;
 - Youth brochure states the facility "will work hard to keep things confidential" not that facility will ensure investigations are kept confidential.
 - Brochure states the facility will tell the youth "how to get counseling", not that the facility will get help.
 - Youth brochure speaks to an "investigation will take place. You will face chargers." The Auditor understands what the facility is attempting to convey; however, this language could be unclear to a youth.
 - Lastly, the youth brochure states "sexual activity is for the benefit of the perpetrator". Allegations of sexual harassment or assault should be based on if sexual gratification was proven.

The facility provided a revised student pamphlet, dated June 23 2021, that addresses each of the areas noted above.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regarding PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

9. 115.352 (f)-1: MOU is expired for Crisis Intervention Services. Current phone number posted for outside advocacy services is incorrect. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021. This memo speaks to the facilities steps in securing another MOU with the Children's Hospital in Montgomery Alabama. (see standard 115.333 for details of the memorandum.) The facility provided a revised youth flyer, which is posted throughout the facility, titled, "Important Numbers for Juveniles to Get Help & Report Sexual Abuse" This flyer includes revised phone numbers for DYS Sexual Assault 24-Hour Hotline, Children's Hospital Intervention & Prevention Services phone and address information; the Alabama Department of Homeland Security contact information and the Alabama Disabilities Advocacy Program contact information.

115.352 (f)-2: State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, states grievances are picked up once a week, therefore the 48 hour and five-day time limit may be expired by the time grievances are retrieved. In addition, emergency grievances would not be responded to, timely, if retrieved once per week.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

10. 115.353 (a)-1: Flyers and posters provided do not have current phone numbers and do not include mailing address of advocate.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

11. 115.353 (b)-1: Youth information does not speak to having unmonitored calls, or free services.

The facility provided a revised student pamphlet, dated June 23 2021, that addresses each of the areas noted above.

12. 115.353 (b)-2: Reference to an outside advocate on youth information –MOU states Children's Hospital serves as the advocate; however, MOU is expired and Children's Hospital staff did not seem to know they serve Vacca Campus in an advocate capacity.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 25, 2021, addressed to Karen Murray PREA Auditor, from Director of Facility Operations & Community Relations that states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of students and facility staff are educated on related policies. The information below outline specific steps that will be taken regarding PREA standards. Memorandum of Understanding (MOU) with Children's Hospital: The Alabama Department of Youth Services (DYS) has made multiple attempts to renew the MOU with Children's Hospital over the last several months. DHS will continue to make effort to renew the MOU. Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses for advocacy services through CHIPS.

13. 115.382 (c)-1: Youth training, youth brochure, youth handbooks and youth posters do not explain services are free for youth. This language is now added to the revised Vacca Campus Pamphlet, dated 6.23.21.

14. 115.388 (a)-1: The annual report does not include:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The above information can now be found at: [DYS ALABAMA.GOV/READ MORE/COMMUNITY/PREA/PREA ANNUAL REPORTS/PREA ANNUAL REPORTS 2018-2020](https://www.dys.alabama.gov/read-more/community/prea/prea-annual-reports/prea-annual-reports-2018-2020)

15. 115.389 (a)-1: Audit schedule for vendors needs to be uploaded to the agency website, to include audit cycles in which each vendor was audited. The above information can now be found at [DYS.ALABAMA.GOV/PREA](https://www.dys.alabama.gov/prea)

During the on-site phase of the audit, the following areas of improvement were noted.

1. 115.315(d): Interviews with youth and staff demonstrated female staff did not consistently announce their presence when entering youth housing halls. The facility provided a Memorandum from the Facility Director, dated June 25, 2021, stating staff would be retrained to ensure cross gender announcements were made upon entry to youth living areas.

2. 115.317(a)1-3) (c)1-3) (d)(e)(h): During the on-site phase of the audit, the agency could not produce information regarding dates of criminal history checks, child abuse registry checks, administrative adjudication checks, institutional reference checks and or five-year background checks. On June 11, 2021, the Auditor received a memorandum on the State of Alabama, Department of Youth Services letterhead, from the DHS Human Resource Director, stating, "In accordance with Code of Federal Regulation 115.317(c)(3) the Alabama Department of Youth Services Investigations Division will make a good faith effort in contacting former institutional employers prior to hiring new employees. In addition, DHS is implementing five (5) year background checks on all contractors, volunteers, interns, etc. The Agency provided a typed list of a percentage of the information not available during the staff file review.

3. 115.331(11) (c): Of the 19 employee files reviewed, six employees did not have documented evidence of PREA training upon hire and five employees did not have documented evidence that they had received refresher PREA training.

The facility provided a memo addressed to Karen Murray, the PREA Auditor, from Facility Administrator, dated June 25, 2021, stating, "Annual PREA training will be conducted each February to employees who have contact with students. Supervisors in each department (i.e., administration, medical, education, security) will be responsible for alerting staff that training is required and scheduling training with the agency trainer. The ASA will consult with the agency trainer to maintain a tracking log of each employee's training status. Each week the ASA will send a reminder to department supervisors of staff who are scheduled for training the following week and alert them of any staff who did not attend scheduled training. All staff will be scheduled for training during the first three weeks of the month and back up sessions will be held during the last week of the month for any staff who were unable to attend their original scheduled training session. Flyers will also be posted throughout the facility to remind staff of annual PREA training.

4. 115.333(b): Youth are not educated within 10 days of intake, demonstrating the agency is providing comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

5. 115.341(a): Of the 19 youth files reviewed, two did not have risk assessments conducted within 72 hours of arrival. During the pre-audit phase the Compliance Manager discussed that the staff were not completing risk assessments until youth were released from quarantine. This issue was recognized by Administration in March of 2021 and corrected. Youth files reviewed demonstrate youth have completed risk assessments within 72 hours since April of 2021.

4. 115.342(a): The facility did not use information from the youth risk assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe and free from sexual abuse. The facility provided a Housing Unit Placement form demonstrating that youth's risk level is communicated to facility staff, through the form. In addition, a memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 25, 2022, states, Vacca coordinated response plan will be reviewed with all staff at monthly staff meetings. A binder that is marked "PREA Coordinated Response Plan" is stored at the staff desk in each housing unit. Staff will sign statements of acknowledgment regarding review of this procedure.

6. 115.352(a): The agency grievance officer retrieves grievances once per week. Due to this practice, emergency grievances have the propensity of not providing an initial response within 48 hours and or ensuring a final agency decision of the grievance is decided upon within five calendar days. Policy 1.13, page 9, section 13 has been revised to state, "Youth may file an emergency grievance alleging they are subject to a substantial risk of imminent Sexual Abuse by having a staff member contact the administrator on duty (AOD) in the facility. In addition, a memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 25, 2022, states, Vacca coordinated response plan will be reviewed with all staff at monthly staff meetings. A binder that is marked "PREA Coordinated Response Plan" is stored at the staff desk in each housing unit. Staff will sign statements of acknowledgment regarding review of this procedure.

7. 115.353(a): Youth and or staff were not aware of access to outside victim advocates. Current postings, as is stated above in the pre-audit phase, did not make advocate information accessible to include mailing address and or phone numbers. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

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115.353(b): The facility staff and youth were not aware of the extent to which communications to outside support services and legal representative communications will be monitored.

The facility provided a revised student pamphlet, dated June 23 2021, that addresses each of the areas noted above.

8. During the tour the Auditor noticed an unmonitored office behind the Librarian's desk. The door to the unmonitored office was open when youth were in the Library with the Librarian. The Auditor suggested the door be closed when youth were present in the Library in order to mitigate a possible incident, of any nature. The Librarian, PREA Manager and PREA Coordinator agreed the door would remain closed when youth were present in the Library.

A note was placed on the door, stating, "Keep Closed at all Times."

9. During the tour of two 'Halls' that were not currently in use, Bailey and Smith Hall, the Auditor noted that shower stalls provided full view of youth during showers. Shower curtains were installed before the Auditor left the facility.

10. During the tour of the two 'Halls' that were currently in use, Weakly and Underwood Halls, the Auditor noted that showers in the middle of the shower area did not provide an area for dry clothing or towels, therefore providing opportunity for youth to need to walk to and from the shower without being able to cover their bodies. Shower curtains in the middle of the shower areas were removed before the auditor left the facility.

Resident Demographics:

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents;
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during risk screening;
6. All grievances and allegations made in the 12 months preceding the audit; and,

7. All incident reports from the 12 months preceding the audit.

Reported Allegations – External Investigating Agencies:

The Auditor was informed by the PREA Manager that there were zero allegations of sexual abuse and or sexual harassment.

Facility Staff:

The Auditor requested rosters to include volunteers, contracted personnel and staff roster to include staff names, position and years of service. The following staff names and information was received for:

1. Random staff;
2. Health Authority and medical staff;
3. Education staff;
4. Employees who serve as first responders and mandatory reporters;
5. Intake staff
6. Staff who complete risk assessments;
7. Shift supervisors (Day and evening Duty Supervisors), on both shifts;
8. Staff who conduct unannounced rounds;
9. Retaliation monitors;
10. Sexual abuse review team members;
11. Staff Trainer;
12. Agency Investigator;
13. Human Resource Manager;
14. PREA Coordinator;
15. PREA Manager;
16. Program Administer

Outside Services:

On May 21, 2021 at 5:36 pm, this Auditor called the number on the Sexual Abuse Numbers flyer, specifically the number under the heading, 'Children's Hospital Intervention & Prevention Services, Crisis Center: 205.323.7777. Operator, 'Katie' answered the phone. Upon introducing myself and the reason for my call, the operator explained the number was a hotline for suicidal persons. The operator expressed that she was not aware of the Vacca Campus; however, she could describe if youth called 205.323.7213 they would be calling the PREA advocate hotline. The operator was then able to describe that the youth had 15 minutes to make a report and if a sexual assault had taken place, youth would be brought to Children's hospital for a forensic exam and interview.

The agency website www.2020-Annual-PREA-Rport.pdf (alabama.gov) has links for resources to include, reporting incidents and information on Investigations and Reporting Complaints. During the pre-audit this Auditor found SSV-5 reports for years 2017 and 2019. This Auditor requested the agency website be updated to reflect 2020 reports, which was completed by the facility.

On May 19, 2020, at 5:53 pm, this Auditor contacted the Children's Hospital of Alabama at 205.638.9100 and spoke with the Charge Nurse of the Emergency Room. Although the Charge Nurse was able to verify juvenile forensic exams could take place at this location, depending on timeliness of reporting and or circumstances of the incident taking place. The Charge Nurse was not familiar with Vacca Campus and or the agreement between the hospital and the facility. Upon asking the Charge Nurse if the hospital provided advocate services, the charge

nurse confirmed advocate services were indeed available.

Research:

Through internet and the agency website research, the Auditor did not find any negative findings reported. Although the Auditor information was posted to prepare residents and staff of the upcoming audit, there was no confidential contact made before the audit.

On May 31, 2021, this auditor supplied the facility with a final on site schedule which consisted of day one beginning at 8:00 am through 10:00 pm to complete a site review, resident and staff interviews and beginning of file audits. Day two was to begin 7:00 am to 2:00 pm, to complete interviews, file reviews, prepare information for the final debrief on areas of concern with time for final debriefing with staff and an explanation of next steps.

Onsite Audit Phase

Thursday, June 10, 2021, the Auditor arrived at the State of Alabama Department of Youth Services Vacca Campus, completed COVID screening and met the Vacca Campus Administration Team.

We then entered into the Administration building to discuss rules and regulations for the Auditor, the schedule for the audit schedule for the next two days. The Administrative Team then printed a staff schedule and juvenile roster. Staff names chosen for interviews was complicated as the staff roster was not up to date due to staff being moved while facility 'Halls' were being renovated. Staff names were then chosen by ensuring staff from the two open 'Halls' were from day, evening and overnight shifts as well as targeted staff to include supervisors from the day and evening shift. Juvenile names were originally chosen by selecting every third student from the roster provided. However, once the Auditor was on the residential unit, youth originally selected were not available. For the sake of time, available youth were brought in randomly. In addition, during the pre-audit phase, information received from the PREA Manager suggested there were no targeted youth; however, during the on-site phase of the audit, five youth were determined, by the PREA auditor to be random due to four youth disclosing and one youth identifying as bi-sexual or questioning.

Tour:

The tour of the Administrative building took place directly after the person to person introductions of facility administrative staff. The Auditor was granted access to all areas of each building where residents frequented for programming and where staff conducted day to day business. (Reference specific facility information in the facility characteristics section below for a thorough walk through explanation.)

Processes:

After the tour, interviews began. On day one the Auditor was able to interview:

- The Day Supervisor – Team Coordinator
- 12 Random Staff – all first responders
- Registered Nurse
- One evening/Night Supervisor – Team Coordinator
- One staff who was in charge of security operations
- 10 random youth
- One youth who was a recent intake
- One long term youth
- One bisexual youth
- One youth who reported sexual abuse and three youth stated as disclosing; however, each denied such disclosure to this Auditor

Day one ended at 10:00 pm.

Day two the Auditor began at 6:45 am, meeting the PREA Manager in the parking lot. Once access was allowed into the facility, the day began with interviews, staff and youth file reviews in the following order:

- Three random overnight staff
- One Intake staff
- One Education staff – Science Teacher
- The Human Resource Manager, Administrative Assistant and staff file reviews
- The Facility Director
- The PREA Coordinator
- The Training Manager and staff training file reviews
- The Case Management staff who screens for Risk Assessment and Retaliation Monitor and Juvenile file review
- One Agency Investigator

At 1:00 pm the Auditor conducted a final debrief with the State of Alabama Department of Youth Service's PREA Coordinator, PREA Manager, and Facility Director. The review entailed standards needing correction action during the pre-audit phase and on-site phase. (Please see above for standards discussed.) Due to the facility needing time to put sound systems in place, the team and the Auditor agreed all final documentation needed to demonstrate compliance would be submitted by June 25, 2001.

The Auditor was allowed access to all areas of each building and access to all requested records. Upon arrival, this Auditor requested information for the individual personnel files chosen on the morning of day one. At the time of the interview, the second day of the audit, the Human Resource Director was not prepared and could not supply the indicated information requested. This auditor then supplied the record review form demonstrating information missing from the file review and requested the Human Resource Director supply a typed document with the dates of missing information. In addition, as is noted above, the Human Resource Director reported the agency had not been completing institutional reference checks and or five-year background checks on staff and or contractors. On July 1, 2021 the Human Resource Director supplied a memo stating the agency 'would make every effort to comply with PREA standard requirements.' In addition, a typed document was provided with a percentage of the requested information missing from the initial file review.

All interviews were successful although due to staff scheduling matters, original staff chosen were replaced by secondary choices for several staff members by simply interviewing the staff working each shift.

The staff and residents were helpful, kind and made the Auditor to feel quite welcome during the entire onsite process.

Other processes:

1. Youth were able to request an official grievance or write their issues on any type of document and place in the locked grievance boxes situated in cottages. Youth are also allowed to verbally report sexual harassment or sexual assault to staff.
2. Cross gender announcements were not consistently made by female staff when entering the living halls.
3. Youth did not have unlimited access to phones to make phone calls. Youth could request staff dial the hotline phone number to make PREA and or hotline reports.
4. The auditor was allowed to speak with staff and residents during the site review. Interview results for both Juveniles and staff are documented below.

Interviews:

The auditor requested a current position control roster showing staff name, title, tenure, shift and position assignment. Random names were chosen based on the above criteria. (Before each interview with staff and youth, the Auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood and agreed to be interviewed. All interviews were conducted in a private room on the youth living areas and or in the administrative area.)

During the tour of the facility, random interviews of two youth and four staff took place. Random youth introduced themselves and described what they were doing in their current class. Youth were asked if they were aware of PREA processes at the facility and if they felt safe. Both youth stated yes to each question.

Random staff interviews consisted of one staff in the school building who was monitoring cameras. The staff was able to demonstrate all cameras on the campus were in working order. The staff was also able to describe PREA processes and feeling safe in the facility.

The school Librarian was also interviewed. She stated she was never alone with one student in the Library and was aware of PREA practices in the facility. The Librarian stated 'status' students would often help bring books to an office area behind the Librarian's desk. This office did not have a camera to monitor the area, which included a restroom. The Auditor suggested the door to the unmonitored office be closed when youth were in the Library as a possible incident could easily take place. The Librarian stated the door was normally closed. A sign was placed on the door, stating, "Keep this door closed at all time." The Librarian, PREA Coordinator and PREA Manager all agreed the door would be kept closed, at all times.

A Case Manager was interviewed while touring Smith Hall. Although Smith Hall was not currently used to sleep youth, youth were randomly brought into the Hall during programmatic hours. The Case Manager was asked if she was ever alone with youth during renovations and the Case Manager stated there was always two or more staff in the building at one time.

While in Smith Hall, the Auditor was introduced to the facility Grievance Officer. The Auditor asked the Grievance Officer how often the Grievance boxes were checked and she explained once per week at random intervals. The Auditor then asked the Officer how she was able to answer emergency grievances and she stated youth would let staff know if they put in an emergency grievance, which she would follow up on immediately. (Note: during interviews, youth were asked if they would make staff aware of emergency PREA grievances and all but one youth stated they would not make staff aware.) Due youth responses, the Auditor recommended the facility implement current practices to ensure emergency grievances were addressed in a timely manner.

Staff Interview Category

Minimum Required

Completed

Superintendent: Facility Administer

1

1

Agency PREA Coordinator, Retaliation Monitor, Incident Review Team

1

1

Facility PREA Manager and Incident Review Team – randomly throughout the two days on site

1

1

Random Staff: All staff are responsible for supervision of Juveniles if segregated, first responders, searches and mandatory reporters

16

16 (12 in person 4 randomly during tour)

Specialized Staff

Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds – Supervisors from both shifts

1

2

Education staff

1
1
Program staff who work with youthful inmates – same as random staff in this review
1
Random staff
Medical staff – RN
1
1
Mental health staff – Mental Health Authority
0
0
Non-medical staff involved in cross-gender searches – same as random staff in this facility
1
Random staff
Human Resource staff – Human Resource Director and Administrative Asst.
1
2
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – Montgomery Children's Hospital Charge Nurse
1
1
Volunteers - N/A due to current COVID protocols
0
0
Investigative staff at agency level –not applicable for this facility
1
1
Investigative staff at facility level – N/A
1
0
Staff who perform screening for risk of victimization and abusiveness – Case Manager
1
1
Staff who supervise inmates in segregated housed – N/A at this facility
1
0
Staff on the sexual abuse incident review team
1
1
Designated staff member charged with monitoring retaliation – see PREA Coordinator
1
1
First responders, security staff – all staff serve as first responders
1
Random staff
First responders, non-security staff – all staff serve as first responders – Education – Science Teacher
1
1
Intake staff
1
1
Total Specialized staff

13

Targeted Staff:

Targeted interviews included:

1. Administration - The Facility Director has a three-year history with the facility. The Facility Director spoke to the use of video monitoring being enhanced over the last year. The Facility Director stated video monitoring was the best way to monitor the facility. The Facility Director stated youth are kept separate based on risk assessments to ensure safety and compliance with agency policy. When

speaking of investigations, the Program Director stated the facility haven't had any instances of sexual abuse or harassment; however, if an investigation took place with a youth involved in an investigation who had exited, the facility would complete the investigation as if the youth was on campus. The Program Director went on to describe the complete investigation process, which aligns with agency policy and PREA standard requirements. The Program Director stated staff are discrete with sharing reasons youth are a particular risk, staff complete two days of PREA training upon hire which communicates to risk, retaliation, confidentiality, red flags and placement of youth throughout the day.

2. Administration – The Agency PREA Coordinator has a 19-year history with the Department of Human Services. She spoke to having sufficient time to complete her duties as the PREA Coordinator, the agency having two PREA Coordinators at this time, and her ongoing efforts of having good relationships with Facility Directors as this is essential when working with each on investigations, retaliation and any other areas of Concern regarding PREA. When speaking to the Staffing Plan, the PREA Coordinator stated, moving forward, herself, the Facility Director and PREA Manager will review or revise the plan in the first quarter of the year, every year. She spoke to the use of the risk screening tool, risk levels being communicated to staff through the facilities use bed rosters, youth having a particular risk level, third party reporting process, her process of reviewing all investigations and the incident review process which involved herself, the Facility Director, PREA Manager and Investigators.

3. PREA Manager – The PREA Manager has been with the facility for 26 years and is currently retired, fulfilling PREA Manager duties on a part time basis. The Auditor worked closely with the PREA Manager throughout each phase of the audit and can validate the PREA Manager has the autonomy to implement practice, revise policy, access to higher level staff and sufficient time to implement and oversee PREA policy and systems. The PREA Manager also spoke to Incident Review Team processes and stated he would consider all factors, review video of each incident if available and that he had access to video footage. The PREA Manager went on to describe staffing patterns are always considered as well as doing his best to be proactive in ensuring blind spots are mitigated through adding cameras, (one added in the gym in the last year) and or mirrors.

4. Medical – Facility Registered Nurse: The nurse was able to articulate responsibilities and knowledge of forensic exams, first responder and mandatory reporting responsibilities. When the Auditor inquired as to secondary materials for disclosures made after intake, the nurse stated disclosures are often made to the medical department, which are immediately reported to case management and therapeutic departments.

5. Mental Health –: Case Management/Risk Assessment and therapeutic service staff member has 28 years with the facility. She could speak to completing specialized training in April of 2021, assessing youth periodically throughout their stay, not having many low functioning youth; however, the staff would scale down any information to ensure youth understood the components of PREA for comprehension, seeing youth timely who disclose sexual abuse and tracking those sessions through the mental health database. The Case Manager also spoke to the facility being behind on risk assessments during the last quarter of 2020 and first quarter of 2021 due to youth being quarantined. The facility corrected their mistake late March of 2020 and have been compliant with the 72-hour assessment since. The Case Manager could speak to protocols in place if youth disclosed and follow up mental health appointments being timely, if not on the same or next day of disclosure. The Case Manager also spoke to the Assessment staff handing out a pamphlet on what 'disclosure' means in order to be sure the youth understood the process and processes that take place if they disclose. The Case Manager spoke to placement of youth who identified as LGBTQI, being closer to the Hall Control Desk to ensure they were kept safe from bullying. When the Auditor inquired about training youth within 10 days of admission, she admitted that they were unaware of this requirement and would begin this training with the next intake group.

6. Human Resource: The Human Resource Manager demonstrated she understood necessary documentation related to PREA when hiring and promoting personnel. The Human Resource Director could not demonstrate compliance regarding institutional references and or five-year back ground checks on employees or contractors. The Human Resource Manager provided an inner agency memo stating as of June 9, 2021 all required institutional references would be completed to the best of the agencies efforts, moving forward.

7. Education– The Science teacher has been with the facility for two years and spoke to receiving education on PREA upon hire and throughout each year to nausea, actually. The Science Teacher spoke to having good relationships with Administration and felt comfortable going to them with issues and reporting of PREA allegations. The Science Teacher spoke to knowing how to identify signs, protocols in response to PREA incidents, which are embedded in their standing operating procedures.

8. Team Leaders – Team Leader from both shifts. Team Leaders interviewed knew and understood PREA requirements for their work assignments. Each stated they completed daily unannounced rounds, were privy to outside investigation entities, served as first responders, and completed searches. Both Team Leaders stated they had recently begun unannounced rounds outside of the Halls as this was discovered as not meeting standard requirement during the pre-audit phase of the audit. Although the Team Leaders did not check for retaliation, they were aware of youth who were on safety plans and stated they paid extra attention to ensure youth remained safe. The supervisors stated they used to be aware of the youth risk levels; however, this had stopped when youth were moved to the open Halls during renovation of the closed Halls.

9. Site Trainer – The site trainer was relatively new to her position, under one year and could only speak to files she maintained since taking the position. The staff trainer stated on line training is the only training staff had completed during COVID and that the facility database tracked each of those trainings as they were completed. The Staff Trainer also stated staff were informed when training was to be completed and PREA training could be a singular training or trained with other modules.

10. Investigator – The agency employs two investigators, who respond to allegations at youth facilities in Alabama. Investigative staff has been with the Agency for two years and was a 25 year retired Los Angeles Police Department Investigator. He was able to articulate investigations were completed as swift and accurately as possible to ensure the safety and welfare of the youth. Investigator stated and this Auditor verified that investigations were completed within 24 – 72 hours to include sexual abuse team review all incident reports, on site physical evidence, video, safety plans completed where applicable and recommendations to be implemented. Although there were no investigations the Auditor did question how youth were notified. The investigator stated he would forward to the PREA Coordinator and she would give to the youth and place a copy in the youth's file. t

11. Intake staff – Intake staff worked at the facility for 26 years and completed intake required protocols and documentation to include introductory education of PREA for all intakes. The Intake staff stated he goes over Zero Tolerance, grooming, make youth aware no one should be touching them or saying things to them and that the facility takes PREA very seriously. The Intake staff also stated he educates youth on disclosure and the facility staff can help them report these things, if they'd like. The Intake staff stated he goes over five questions, which describes the definition of PREA, how to report, to be free from retaliation, all reporting information is confidential, they will be removed from the perpetrator and staff's obligation to report all allegations.

Random Staff:

1. Of the random staff interviewed, three were females and 10 were males. Five staff were from day shift who were assigned in each of the two Halls and school; five were from second shift, each assigned to different Halls and three were from night shift, two from Weakly and one from Underwood Hall. Employee tenure ranged from four months to 41 years of service. State of Alabama Department of Youth Services has many staff employed for 20+ years.

Random staff interviewed were able to describe:

1. First responder and mandatory reporting responsibilities.
2. Staff interviewed could speak to the translation procedures and all knew translation services could not include the use of resident interpreting.
3. Staff were able to articulate several internal ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary. However, staff were not aware of outside advocate services available.
4. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to their supervisor.
5. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make hotline calls. Staff stated that they would only monitor youth as much as appropriate for the location in where the call was made.
6. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, how to preserve the room/evidence and report any such occurrence on an incident report. Some staff did speak to collection of evidence. After speaking with Administration, they were unaware of why staff believed the collection of evidence was their responsibility and ensured those staff would be educated on preserving evidence and not collecting evidence.
7. Staff interviewed knew the facility employed two investigators to conduct both Administrative and Criminal Investigations; however, the staff were not aware of who the investigators were, again perplexing the Administrative Team as they stated the investigators were at the Vacca Campus, often.
8. Staff interviewed stated female staff announced their presence upon entering the pod.
9. Staff interviewed stated due to the showers being near one of the Hall staircases, facility practice was staff would use the opposite staircase to complete room checks, during showers.
10. Staff interviewed described that they had initial PREA training with multiple trainings throughout the year.
11. Every staff who was asked how they would search, interact or protect LGBTQI stated they wouldn't treat them any different from the other youth as all youth are the same to them.

Staff training files:

Staff training files were conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. Files to be reviewed were chosen from the staff roster by choosing staff from each shift and each Hall. Review of staff training

files demonstrated 10% of files reviewed did not have PREA training documented at hire and 30% did not have refresher training. Of staff files reviewed had 70% had completed all PREA training topics through the agency on line training portal. Staff files reviewed who had completed PREA training, had been trained on transgender or intersex pat down searches.

Personnel files:

Staff personal files were conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. Files to be reviewed were chosen from the staff roster by choosing staff from each shift and each Hall. Components for staff files could not be reviewed for compliance as the Human Resource Director had difficulty finding information due to a database change. The Auditor provided the Human Resource Assistant with file documents and requested a typed document from the Human Resource Director be made available with an explanation of missing documentaiton. Although institutional questions were on the employee application, institutional references and five-year background checks were not being conducted for staff and contractors. As stated above this corrective-action for intuitional reference checks and five-year background checks was corrected during the on-site portion of the audit via a memo received from the Human Resource Director, dated, June 10, 2021.

Resident Interviews:

On the first day of the on-site review, the auditor requested a current resident roster detailing length of stay and Hall assignment. The auditor highlighted resident names based on Hall, length of stay, and targeted categories. There were sixteen total resident interviews. Of the youth interviewed, eight were interviewed from each Hall. There were four targeted youth in the facility who identified as, gay or disclosed at some point in the program.

Total population during on-site review 51
Total bed capacity 64
Overall minimum number of resident interviews 16
Numbered required 16
Minimum number of random resident interviews 12
Number interviewed 11
Minimum number of targeted resident interviews 5
Numbered interviewed 5
Breakdown of required targeted resident interviews

Residents with a physical disability - 0
Number interviewed 0 – none at this facility
Residents who are blind, deaf, or hard of hearing - 0
Number interviewed 0 – none at this facility
Residents who are LEP - 0
Number interviewed 0 – none at this facility
Residents with a cognitive disability – 0
Number interviewed 0 – none at this facility
Residents who identify as lesbian, gay, or bisexual - 1
Number interviewed 1
Residents who identify as transgender or intersex – 0
Number interviewed 0 - none at this facility
Residents in isolation – 0
Number interviewed 0 – none at this facility
Residents who reported sexual abuse – 0
Number interviewed
Residents who reported sexual victimization during risk screening - 3
Number interviewed 4
Residents who disclosed prior sexual victimization after screening - 0
Number interviewed 0 - none at this facility

Of the eleven residents interviewed:

1. Youth interviewed felt safe and comfortable reporting to facility staff. However, of the sixteen youth interviewed, only two stated they

felt comfortable giving staff grievances related to PREA.

2. Youth interviewed reported the initial and subsequent searches were done respectfully. The youth who identified as gay stated his search was respectful with no issues.
3. Youth interviewed stated they were educated on PREA at intake by both the intake and case management staff.
4. Of the youth interviewed, none reported being educated within the 10-day requirement. The facility recognized this error, provided a memo from the Facility Administrator to the Auditor, stating the 10-day training requirement would be implemented, moving forward.
5. Each resident interviewed was aware of several ways to report abuse internally and externally.
6. Youth interviewed were in unison when describing policy to only change clothes in the shower areas.
7. Youth interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own.
8. Of the youth interviewed, most were not aware of how emergency phone call procedures would take place.
9. Youth interviewed could not speak to the outside hotline advocate phone number being posted on the posters in the facility.
10. Each youth interviewed was aware of his right to report anonymously.
11. Of the random youth chosen for interviews, each were able and willing to answer questions.
12. The targeted youth interviewed stated his initial search was respectful. He believed his housing assignments was made due to his identification.
13. Of the youth interviewed who disclosed sexual abuse, two agreed they had disclosed and two stated they did not disclose. Both youth who disclosed to the Auditor they had an unwanted sexual experience at intake could speak to mental health follow up on the day of disclosure or very soon thereafter. One youth continues to have mental health follow up for his disclosure, three months later.

Youth files reviewed were of those youth names chosen on day one of the on-site audit by choosing every third name on the Hall rosters. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Youth files reviewed had intake documentation for risk assessments except for one youth and PREA initial education.

Other documents and information requested or reviewed:

Inmates with disabilities

None at the facility

Inmates who are LEP

None at the facility

LGBTQI inmates

None at the facility

Residents in isolation

None at the facility

Residents who reported sexual abuse

4

Grievances made in the last 12 months preceding the audit

None at the facility

Incident reports from the 12 months preceding the audit

None at the facility (two for sexual misconduct)

All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

None at the facility

All hotline calls made during the 12 months preceding the audit

None at the facility

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

The State of Alabama Department of Youth Services is a staff secure program, with a current population of 51 youth and a bed capacity of 64. The fenced campus is situated in the center of Birmingham, Alabama. The facility is set up in a circular manner and the narrative description below is in like order. Campus buildings toured and a description of each is as follows:

Administration Building: Large, two-story, very clean, brick building houses offices for the Facility Administrator and other administrative and generalist personnel, PBIS staff, an inviting staff breakroom and training center/conference room.

McNeel Gymnasium is a separate building, right of the Administration building and was equipped with cameras ensuring no blind spots. The gymnasium had PREA and audit postings visible to those entering the building. The gymnasium had a bathroom with waste high walls between each toilet and a gang shower, which is no longer used.

The school building is a separate building, right of McNeel Gymnasium. The school building had PREA and audit postings throughout highly trafficked areas. The school had cameras placed throughout each of the two short and one long corridor. Staff in the school have a centralized area for viewing each facility camera via one computer screen. All cameras were reviewed and found to be in working order. The school also had a library. As was noted above, inside the library an additional office with a secure bathroom can be accessed behind the Librarian's desk. This office did not have camera coverage. Although the door had a sign posted to keep the door closed at all time, the door was open and accessible to youth. The Librarian, PREA Coordinator and PREA Manager agreed the door was to remain closed at times with youth were present.

The Treatment Center is a separate building, right of the school. Due to COVID, the treatment center is not used on a daily basis; however, is used for release and review meetings, via Zoom meetings. The facility is equipped with cameras, no noted blind spots, PREA and Audit postings in highly trafficked areas.

The Student Union Center is a separate building, right of the Treatment Center. Unfortunately, this building that offers the youth a place to play pool, ping pong, foosball, and other table top games is closed due to COVID. The building is also suited for a commissary, once in use again. Cameras and PREA and Audit postings are in highly trafficked areas ensuring no blind spots exist. The Student Union is also used for family visits and Third Party reporting information is posted for those visiting youth.

The Barber Shop, right of the Student Union, also not in use during the pandemic, is attractive, welcoming and offers youth a vocation. Cameras are located throughout the Barber Shop. PREA postings were not found in the Barber Shop; however, considering this building is not currently in use and all other facility areas have postings, it is of this Auditor's opinion postings would only be required if the Barber does not visit other areas of the facility and is uncertain on PREA reporting responsibilities.

The Medical Center is directly across the center of the campus from the Administration and slightly to the right of the Barber Shop. The medical center ensures two staff are always present. The reception area is equipped with cameras, and PREA and Audit postings.

Underwood and Weekly Halls are in the same building as the Medical Center. Directly out an opposite door

Underwood and Weekly Halls are in the same building as the Medical Center. Directly out an opposite of the entry Medical facility entrance door is a long and wide open area used for meetings with youth, divides Underwood and Weekly Halls. Underwood and Weekly Halls are identical in design. Each hall is equipped with cameras throughout, PREA and Audit Postings on the information boards. Each Hall is two tiered, with a central control station at the entrance, have 26 individual wet cells, three shower stalls on both levels. Viewing to showers is blocked by a halfway with windows allowing site to the upper portion of the shower. In addition, each shower is equipped with shower curtains that only provide viewing from the shoulders and above. Showers on the left and right provided a hook for towels and dry clothes. The middle shower; however, did not provide an area for youth towels and clothing. This Auditor suggested removing the shower curtain from the center shower as to not suggest a youth needed to walk from his towel and clothing when accessing the shower. In addition, staff and youth interviewed stated youth shower alone, female staff stay at the control center and due the location of the showers being at the end of the Hall, staff use the opposite staircase to conduct room checks as to not allow for voyeurism during shower program. Finally, one wet cell is located with full view of showers. This room is left empty unless the facility population dictates otherwise. To mitigate youth being seen in the shower, a storage room door is opened during showers to block the view of the shower.

The dining hall is right of the medical building. Although the dining hall is equipped with cameras throughout, due to COVID, meals continue to be delivered to youth in the Halls.

Bailey and Smith Halls are to the left of the dining hall. Each have identical layouts. Both are under renovation operations with youth only entering for meetings with case management or therapeutic staff. These buildings are single level Halls with large common areas with 12 individual rooms each. Near the entrance door is access to bathrooms with open viewing for youth urinating and showering. The Auditor

recommended half shower curtains be placed to block view from student urinating and showering. Both Halls are equipped with cameras and PREA and Audit postings.

Lastly is the Chapel, located in the center of the campus. This building was not toured and currently not used by staff or youth due to needed renovations and is locked from the outside to ensure access is not achieved.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

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: 0

Standards Met

Number of Standards Met:

43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: ;

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

| | |
|---------|--|
| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Department Organizational Chart, dated 12.2.2018 <p>Interviews:</p> <p>Youth interviewed reported the initial and subsequent searches were done respectfully. The youth who identified as gay stated his search was respectful with no issues. Youth interviewed stated they were educated on PREA at intake by both the intake and case management staff. Each youth interviewed was aware of several ways to report abuse internally and externally. Youth interviewed were in unison when describing policy to only change clothes in the shower areas. Youth interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Each youth interviewed was aware of his right to report anonymously. Of the random youth chosen for interviews, each were able and willing to answer questions. The targeted youth interviewed stated his initial search was respectful. He believed his housing assignments were not made due to his identification.</p> <p>Random staff interviewed were able to describe: First responder and mandatory reporting responsibilities. Staff were able to articulate several internal ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary. However, staff were not aware of outside advocate services available. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to their supervisor. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make hotline calls. Staff stated that they would only monitor youth as much as appropriate for the location in where the call was made. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, how to preserve the room/evidence and report any such occurrence on an incident report. Some staff did speak to collection of evidence. After speaking with Administration, they were unaware of why staff believed the collection of evidence was their responsibility and ensured those staff would be educated on preserving evidence and not collecting evidence. Staff interviewed stated female staff announced their presence upon entering the pod. Staff interviewed described that they had initial PREA training with multiple trainings throughout the year. Every staff who was asked how they would search, interact or protect LGBTQI stated they wouldn't treat them any different from the other youth as all youth are the same to them.</p> <p>During the tour of the facility, cameras were present and shown to working throughout the campus. PREA information flyers, posters and the audit announcement were posted in highly trafficked areas to include youth living halls.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency written DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 1, states, "It is the goal of the Alabama Department of Youth Services to ensure that sexual activity between staff and Juvenile s, volunteers or contract personnel and Juveniles, and Juvenile on Juvenile, regard less of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. All employees, volunteers and independent contractors are expected to have a clear understanding that the Department strictly prohibits any type of sexual relationship with a Juvenile under department supervision. Such conduct is considered to be a serious breach of the standards of conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status. All private providers or entities that contract for the confinement of Juveniles shall comply with the PREA standards and agree to be monitored for PREA compliance. Juvenile on Juvenile Sexual Conduct, Sexual Abuse and Assault, Sexual Harassment, or as defined by PREA in these rules and procedures and within the Alabama Revised Code are prohibited"</p> <p>(b) The agency employs an upper-level, agency wide PREA Coordinator. The PREA Coordinator demonstrates he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its</p> |

facilities. The PREA Coordinator is in the agency organization chart, who reports to the Division Administrator.

(c) The State of Alabama Department of Youth Services PAQ states the facility has a facility PREA Manager. This position is shown on the facility organization chart with a dotted line to the PREA Coordinator, under the Office of Licensing & Standards as PREA/ACA. The PREA Manager states she has sufficient time and authority to coordinate the facilities efforts to comply with the PREA Standards.

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. Copy of 2020 PREA Worksheet-Alabama, demonstrating Alabama Youth Services' audit cycle schedule, not dated 3. Audit Schedule for Contracted Facilities for audits scheduled August 20, 2019-August 19, 2023 4. Signed New Life Center for Change, Contract Review Report, (Contract for confinement of residents) dated Aug 2019 5. Signed Rite of Passage, Inc., Contract Review Report, (Contract for confinement of residents) dated Aug 2019 6. Signed Lee County Youth Development Center, Contract Review Report, (Contract for confinement of residents) dated Aug 2019 7. Signed UA WOW, Contract Review Report, (Contract for The Board of Trustees of the University of Alabama, University of Alabama, School of Social Work to provide a multitude of services to youth. Dated 9.25.2019. 8. Signed Sequel TSI of Alabama LLC, Contract Review Report, (Contract for confinement of residents) dated Aug 2019 9. Signed Kings Home, Contract Review Report, (Contract for confinement of residents) dated Aug 2019 <p>Interviews:</p> <p>The interview with the PREA Coordinator demonstrated that each vendor for service is mandated to be in compliance with all PREA standards and each is audited once in each auditing cycle.</p> <p>115.312</p> <p>(a-b) The State of Alabama Department of Youth Services PAQ states the State of Alabama Department of Youth Services contracts for the confinement of their youth with eight private agencies and other entities, to include the following: Life Center for Change, Rite of Passage, Inc., Lee County Youth Development Center, University of Alabama-Women of Work, Sequel TSI LLC and Kings Home Inc.</p> <p>Each contract stated above contains the following language, requiring contractors to adopt and comply with PREA Standards. "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 et Seq.) and with all applicable PREA Standards, DYS Policies related to PREA and Standards related to PRAE for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DYS Facilities/Programs/Offices owned, operated ore contracted. Contractor acknowledges that, in addition to self-monitoring requirements" DYS will conduct announced or unannounced, compliance monitoring to include" on-site" monitoring. Failure to comply with PREA, including PREA Standards and DYS Policies may result in termination of the contract.</p> |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Vacca Staffing Plan, not dated 4. Revised Vacca Staffing Plan, dated June 10, 2021 5. Staffing Plan Assessment, Annual Facility Staffing Assessment, dated May 6, 2021 6. Sample of Documented Unannounced Rounds, all shifts, dated March 15, 2020 through May 3, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. PREA Coordinator 3. Random youth 4. Targeted youth 5. Random staff 6. Supervisory staff <p>Staff and youth interviewed could attest to supervisory staff conducting unannounced rounds, each day. Staff interviewed stated when ratios were not met, mandatory overtime was implemented and or supervisory staff contacted off shift staff to work. (Proper staff to youth ratios were witnessed throughout the on-site portion of the audit.) Youth interviewed reported seeing supervisory staff in their programmatic areas, often, throughout each day.</p> <p>When speaking to the Staffing Plan, the PREA Coordinator stated, moving forward, herself, the Facility Director and PREA Manager will review or revise the plan in the first quarter of the year, every year.</p> <p>Through interviews with residents and staff, all could attest to unannounced rounds being completed each day, at different time intervals. In addition, staff were consistently noticed driving through and around the perimeter of the campus throughout the morning, afternoon and evening.</p> <p>Site Observation: The facility has camera in all living halls and buildings accessed by youth and staff throughout the campus. During programming hours, youth can be removed to meet with Case Management, mental health and or the Grievance Officer. Youth are met with in a common area between living Halls, with plenty of supervision of security staff and or in Halls being renovated. Whichever the case, throughout the on-site phase of the audit, youth were not left alone with staff and security staff were aware of where youth were, at all times.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is 86 and the staffing plan was predicated on 90 Juveniles.</p> <p>The State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, policy, pages 25-26, section XVIII. A-D, states, "Annually, every DYS and contract service provider facility shall assess, determine, and document a staffing plan that provides adequate levels of staffing and where feasible, provides video monitoring to protect Juveniles against Sexual Abuse. Staff /Juvenile ratios of a minimum of 1:8 during Juvenile waking hours and 1:12 during Juvenile sleeping hours shall be maintained, except during limited and discrete Exigent Circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Male and female staff ratios must be correctly maintained with at least one staff on every shift of the same sex as the Juveniles housed in the unit. Each Facility shall implement a practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff Sexual Abuse and Sexual Harassment. Such practice shall be for all shifts.</p> |

The inspections will occur in a random and irregular manner, and the Facility administrator must insure that all shifts and work days are visited by supervisors two or more times a month. Documentation of the inspections shall be maintained using PREA Form 115.313 Supervisory Monitoring Log. Facilities shall have procedures to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate operational functions of the Facility.

The Staffing Plan was revised to provide details regarding where security staff are to be placed; where cameras are placed (or a table demonstrating placement); components of the facilities physical plant to include blind spots; a composition of the resident population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; applicable state laws or standards and the prevalence of substantiated or unsubstantiated incidents of sexual abuse for the last three years. The staffing plan was revised on June 17, 2021 to include all eleven required components as is required by PREA Juvenile standards.

(b) The State of Alabama Department of Youth Services PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, "Staff /Juvenile ratios of a minimum of 1:8 during Juvenile waking hours and 1:12 during Juvenile sleeping hours shall be maintained, except during limited and discrete Exigent Circumstances, which shall be fully documented."

(c) The State of Alabama Department of Youth Services PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

(d) The State of Alabama Department of Youth Services PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, pages 25-26, section XVIII, A, states, "Annually, every DYS and contract service provider facility shall assess, determine, and document a staffing plan that provides adequate levels of staffing, and where feasible, provides video monitoring to protect Juveniles against Sexual Abuse. Staff /Juvenile ratios of a minimum of 1:8 during Juvenile waking hours and 1:12 during Juvenile sleeping hours shall be maintained, except during limited and discrete Exigent Circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Male and female staff ratios must be correctly maintained with at least one staff on every shift of the same sex as the Juveniles housed in the unit."

Provide staffing plans for years 2020 and 2019. Due to the Vacca Campus changing over computer systems during the year 2020, past Staffing Plans were lost. A memo dated June 14, 2021, addressed to the Auditor, by the DYS PREA Coordinator, states, "In accordance with the PREA Standard 115.313(d)-1. The Program Administrator, PREA Coordinator and PREA Compliance Manager have scheduled Staffing Plan to be reviewed the first quarter of each year to ensure the facility has a sound review system in place.

(e) The State of Alabama Department of Youth Services PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 26, section, XVIII, B. states, "Each Facility shall implement a practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff Sexual Abuse and Sexual Harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and the Facility administrator must insure that all shifts and work days are visited by supervisors two or more times a month."

During the pre-audit phase, the facility provided examples of unannounced rounds to demonstrate documentation of unannounced rounds. After review, the Auditor learned rounds were being conducted in the immediate area where Juveniles programmed. The Auditor discussed this finding with the PREA Auditor and PREA Coordinator and both agreed the unannounced rounds were to include the entire facility.

Documentation to demonstrate Unannounced Rounds are taking place for the entire campus as opposed to only living halls. In addition to the unannounced rounds taking place in living halls, the facility provided Vacca Campus Department of Youth Services Security Campus Inspection logs, dated 1.7.2021, 3.14.2021, 4.12.2021, 4.23.2021, 5.3.2021, 6.3.2021, 6.19.2021, demonstrating unannounced rounds are completed for the entire campus on a continual basis.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014
2. PREA PowerPoint, PREA Refresher training, pages 31-33 – Cross-Gender Pat Down Searches, dated 2020
3. Memorandum from the Facility Director, dated June 25, 2021, stating staff would be retrained on cross gender announcements when entering youth living areas.
4. Revised State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines; however, policy date was not revised.

Interviews:

1. Random youth
2. Targeted youth
3. Random staff
4. Supervisory staff
5. Medical staff
6. Intake staff
7. PREA Manager

Interviews with targeted youth and staff, supervisory staff, medical staff, intake staff and the PREA Manager demonstrated cross gender searches were only conducted in exigent circumstances. In addition, all youth reported their initial and any subsequent searches were respectfully conducted. Staff interviewed stated to date they have not had to conduct such searches.

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files revealed of those staff who had training documentation, those staff had been trained in cross gender strip searches.

(a) State of Alabama Department of Youth Services PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.

(b) State of Alabama Department of Youth Services PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 15, sections A-B, states, "Facilities shall not conduct cross-gender Strip Searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in Exigent Circumstances or when performed by medical practitioners. Facilities shall not conduct cross-gender pat-down searches except in Exigent Circumstances."

The facility provided a PREA PowerPoint, 2020, slides 32 and 33 that mirrors facility policy regarding cross gender pat down searches and the definition of exigent circumstances.

(c) State of Alabama Department of Youth Services PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 15, sections C, states, "Facilities shall document exigent circumstances and justify all cross-gender Strip Searches, cross-gender visual body cavity searches, and cross-gender pat-down searches on PREA Form 115.315 Cross-Gender Searches."

(d) State of Alabama Department of Youth Services PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).

State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 15, section D-E, states, "Juveniles shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to routine room checks. In facilities (such as group homes) staff of the opposite gender are required to announce their presence when entering an area where Juveniles are likely to be showering, performing bodily functions, or changing clothing." "Staff of the opposite gender to the juveniles are required to announce their presence when entering a Juvenile living unit. Since staff at all DYS and contract service providers are male and female gender, DYS procedures require that three cross gender announcements per day (one on each shift) be made to alert juveniles that another gender staff could be on the living unit at any time. Shift supervisors are responsible for making entries into the log book on each living unit that the cross gender announcements have been made at the beginning of first and second shift and upon juveniles being awakened on third shift. A suggested announcement is "female on the hall in a male Facility; and male on the hall in a female Facility".

This Auditor has discussed the requirement that three cross gender staff announcements take place daily, as this practice cannot replace the practice of staff announcements upon entering a living unit. Interviews with youth and staff demonstrated female staff did not consistently announce their presence when entering youth housing halls. The facility provided a Memorandum from the Facility Director, dated June 25, 2021, stating staff would be retrained to ensure cross gender announcements were made upon entry to youth living areas.

(e) The State of Alabama Department of Youth Services PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 15, section F., states, "Facilities shall not search or physically examine a Transgender or Intersex Juvenile for the sole purpose of determining the Juvenile's genital status. If the Juvenile's genital status is unknown, it may be determined during conversations with the Juvenile, 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."

(f) The State of Alabama Department of Youth Services PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 15, section G., states, "Facility training shall include a discussion on how to conduct cross-gender pat-down searches, and searches of Transgender and Intersex Juveniles, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, in the event of Exigent Circumstances."

The facility provided a PREA Refresher Power Point, dated 2020. Pages 30 – 33 speak to prohibitions related to searching transgendered or intersex students.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014
3. Eagle Sign Language Services, Contract Review Report (for services), dated Sept. 9, 2019
4. PREA Pamphlet 115.333S, Spanish version, not dated
5. PREA Pamphlet 115.333L, English version, not dated
6. Resident PREA Posters- English (seven posters in total)
7. Resident PREA Posters- Spanish (seven posters in total)
8. M & N Language Services, Contract Review Report, (for services), dated Sept 03, 2020
9. Braille, Resident PREA Educational Materials – Braille (photos of Youth Safety Guide; What you should know about Sexual Abuse and Sexual Assault; What you should know about Sexual Abuse and Sexual Assault – Lower Functioning Residents), not dated
10. PREA Pamphlet 115.333LF Picture Page of How to Report Poster, not dated

Interviews:

1. Random youth
2. Targeted youth
3. Random staff
4. Supervisory staff
5. PREA Manager

During interviews with targeted and random youth and staff and supervisory staff, each stated youth were not used for translation services, outside of resident to resident mentoring. Although language barriers are not common at State of Alabama Department of Youth Services, random and supervisory staff could speak to using bilingual staff at the facility or interpretation services being used.

(a) The State of Alabama Department of Youth Services PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.201, pages 9-10, section III. A., states, "During the intake process, Juveniles shall receive information explaining the DYS zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. Juveniles shall be given at intake a copy of DYS Pamphlet 115.333 "What You Should Know About Sexual Abuse and Assault". This pamphlet is also available in Spanish (PREA Pamphlet 115.333S) and in a version for lower functioning Juveniles (PREA Pamphlet 115.333LF). This pamphlet shall be read by staff to all Juveniles in groups or individually. The facility provided each document stated in the policy.

(b) The State of Alabama Department of Youth Services PAQ states the agency has established procedures to provide residents with limited English 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. The State of Alabama Department of Youth Services addresses compliance for this measure, in measure (a) of this provision.

(c) The State of Alabama Department of Youth Services PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 11, section D. 1.-2., states, "Facilities shall provide Juvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Juveniles who have limited reading skills. Each Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or

benefit from all aspects of DYS's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with Juveniles with disabilities, including Juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Facilities shall not rely on resident interpreters, resident readers, or other types of Juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Juvenile's safety, the performance of first-responder duties, or the investigation of the Juvenile's allegations. (§115.316)"

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| 115.317 | Hiring and promotion decisions |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1441 707" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Human Resource Memo, dated July 1, 2021 4. Memorandum on the State of Alabama, Department of Youth Services letterhead, from the DYS Human Resource Director, dated June 23, 2021, stating Institutional Background Checks would be completed, moving forward. 5. Typed staff file listing of a percentage of the file documentation missing during the file audit review. 6. Revised State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines; however, policy revision date was not changed. <p data-bbox="240 739 352 766">Interviews:</p> <ol data-bbox="240 797 716 994" style="list-style-type: none"> 1. PREA Manager 2. PREA Coordinator 3. Director of Human Resources 4. Human Resource Administrative Assistant <p data-bbox="240 1025 1481 1155">Interviews with the PREA Manager, PREA Coordinator, Director of Human Resources and the Human Resource Administrative Assistant demonstrated applicants determined to have been convicted of sexual abuse or sexual harassment charges were screened out during the application review process. However, each stated the Agency had not been following protocols for institutional reference checks.</p> <p data-bbox="240 1187 491 1214">Site ReviewObservation:</p> <p data-bbox="240 1245 1481 1406">During review of staff personnel files reviewed, this Auditor noted that institutional references were not completed for applicable staff. Although the Agency had an institutional reference check system in place, the system had not been utilized. In addition, files reviewed could not demonstrate staff had criminal and applicable background checks conducted upon hire and or within five years of hire date, thereafter. The Human Resource Director provided background dates that were available and attested via a memo that the Agency would apply best efforts to adhere to requirements of this standard.</p> <p data-bbox="240 1438 1490 1765">(a) The State of Alabama Department of Youth Services PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 7, section II. A., states "All facilities shall adhere to PREA §115.317 Hiring and Promotion Decisions. DYS or contract service providers shall not hire or promote anyone, or enlist the services of any contractor 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; or has been civilly or administratively adjudicated to have engaged in such activity. Incidents of Sexual Harassment, as defined by PREA, shall also be considered in all employment/promotional actions."</p> <p data-bbox="240 1796 1481 2056">During the on-site phase of the audit, the agency could not produce information regarding dates of criminal history checks, child abuse registry checks, administrative adjudication checks, institutional reference checks and or five-year background checks. On June 11, 2021, the Auditor received a memorandum on the State of Alabama, Department of Youth Services letterhead, from the DYS Human Resource Director, stating, "In accordance with Code of Federal Regulation 115.317(c)(3) the Alabama Department of Youth Services Investigations Division will make a good faith effort in contacting former intuitional employers prior to hiring new employees. In addition, DYS is implementing five (5) year background checks on all contractors, volunteers, interns, etc. The Agency provided a typed list of a percentage of the information not available during the staff file review.</p> <p data-bbox="240 2087 1481 2145">(b) The State of Alabama Department of Youth Services PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who</p> |

may have contact with residents. The facility demonstrated compliance in provision (a) of this standard.

(c) The State of Alabama Department of Youth Services PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes 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. In the past 12 months 157 persons hired may have contact with resident who have had criminal background checks. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 9, section II. B-C., states, "Before hiring new employees who may have direct contact with Juveniles, facilities shall perform a criminal background records check; consult any child abuse registry maintained by the State; and 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 which occurred during a pending investigation of an allegation of Sexual Abuse." "Applicants for employment with DYS, as well as all current employees, shall be required as a condition of employment or continued employment, to complete a request for a Child Abuse /Neglect Central Registry Clearance using Form DHR- FCS-1598 provided by the Alabama Department of Human Resources. Applicants or current DYS employee's failure to return the completed form to the facility PREA Compliance Monitor within two weeks of receiving the form shall be considered reasonable grounds for non-consideration of employment or disciplinary action for current employees."

The Agency provided documentation that demonstrates reference checks include contact of institutional employers, for information on substantiated allegations of sexual abuse or any resignation during pending investigation for employees and contractors. The facility provided a PREA Employee Questionnaire, dated February 2018. The questionnaire is required for employment consideration, annual performance reviews and promotions. The form will be maintained in a confidential, personnel file. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, and July 1, 2021 addressed to Karen Murray PREA Auditor, from Connie Rich, Human Resource Director, that states, "In accordance with Code of Federal Regulation 115.317(c)(3) the Alabama Department of Youth Services Investigation Division will make a good faith effort in contacting former institutional employers prior to the hiring of new employees. In addition, DYS is implementing five (5) year background checks on all contractors, volunteers, interns, etc."

(d) The State of Alabama Department of Youth Services PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were 3 contracts for services where criminal background record checks were conducted on all contractors covered in the contract who might have contact with residents. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 9-10, section II. D., states, ""Facilities shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have direct contact with juveniles. Facilities shall conduct criminal background records checks at least every four years on current employees and contractors who may have direct contact with juveniles."

(e) The State of Alabama Department of Youth Services PAQ states the agency requires background checks to be completed every five years. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 8, section E.5., states, "The State of Alabama Department of Youth Services shall conduct criminal background checks at least every four years on current employees and contractors who may have contact with Juveniles. This is found in compliance in provision (d) of this standard.

(g) The State of Alabama Department of Youth Services PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, could not locate

During the on-site phase of the audit, the Human Resource Manager presented a new hire packet, which included form to demonstrate the agency requires institutional back ground questions.

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Control staff 2. PREA Manager <p>Site Review Observation:</p> <ol style="list-style-type: none"> 1. Control area 2. Camera monitors on the Special Needs Unit <p>During a tour of the facility, the Auditor witnessed all cameras being operable. Access to cameras are available to staff in the school on each Hall, and the Facility Administrator. Each Hall has cameras placed throughout, to include youth individual wet cells. Cameras are placed in such a manner as to not allow staff to view youth while utilizing toilets. Practice of changing clothes only in the shower area is known by both youth and staff. Cameras and placement of staff during shower program are such that youth cannot be viewed other than to see them from the shoulder up and knee down.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 30, section XXIV. A., states, "When designing or acquiring any new facility and in planning any expansion or modification of existing facilities, DYS and private provider service providers shall consider the effect of all these elements on the agency's ability to protect juveniles from sexual abuse."</p> <p>(b) The State of Alabama Department of Youth Services PAQ states the facility has not installed electronic surveillance system since the last PREA audit. of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 30, section XXIV. A., states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, DYS and private contract providers shall consider how such technology may enhance the ability to protect juveniles from sexual abuse."</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014
3. A National Protocol for Sexual Assault Medical Forensic Examination
4. CHIPS (The Children's Hospital of Alabama), (victim counseling and SANE/SAFE services), dated 10.2.2017 (expired)
5. Birmingham Police Dept. Agreement (administrative and criminal investigative services), dated January 2015 and does not expire.
6. Memorandum on State of Alabama, Department of Youth Services letterhead, from the Facility Director, stating the status on the advocate MOU status, dated June 25, 2021

Interviews:

1. Random youth
2. Targeted youth
3. Random staff
4. Supervisory staff
5. Facility Nurse
6. PREA Manager
7. PREA Coordinator
8. Facility Investigators

Youth interviewed felt safe and comfortable reporting to facility staff. However, of the sixteen youth interviewed, only two stated they felt comfortable giving staff grievances related to PREA. Youth interviewed stated they were educated on PREA at intake by both the intake and case management staff. Each resident interviewed was aware of several ways to report abuse internally and externally. Youth interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Of the youth interviewed, most were not aware of how emergency phone call procedures would take place. Youth interviewed could not speak to the outside hotline advocate phone number being posted on the posters in the facility. Each youth interviewed was aware of his right to report anonymously.

Of the staff interviewed each was able to articulate first responder duties to include protecting, preserving and reporting PREA allegations. When each were asked where this information was located, responses included on PREA flow charts found throughout the facility.

Site Review Observation:

There were no criminal investigations since the State of Alabama Department of Youth Services' last PREA Audit.

(a) The State of Alabama Department of Youth Services PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The Birmingham Police Department is responsible for conducting criminal sexual abuse investigations. Each entity uses a uniform evidence protocol.

The facility provided an agreement between the Vacca Campus and Birmingham Police Department, dated January 30, 2015. This agreement states the Birmingham Police Department will provide investigative services to residents and staff of the Vacca Campus of the Alabama Department of Youth Services. These services include responsibility of investigating allegations of sexual abuse.

(b) The State of Alabama Department of Youth Services PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A. 2., states,

"DYS/contract service provider facilities shall, when feasible, contract with Rape Crisis Centers to provide forensic medical examinations for victims of sexual assault. Rape crisis centers traditionally follow "A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011 which is the PREA standard."

(c) The State of Alabama Department of Youth Services PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A. 3-4, states, "A forensic medical examination shall be requested by the assigned investigator/ designee. This shall occur within 72 hours of a Sexual Assault. Victims of Sexual Abuse shall be referred under appropriate security provisions to a designated Rape crisis center/hospital that has a MOU with the Facility for treatment and gathering of evidence. The MOU shall document that the Rape Crisis Center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." "Facilities shall offer all Juveniles who experience Sexual Abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFEs or SANEs."

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 25, 2021, addressed to Karen Murray PREA Auditor, from Director of Facility Operations & Community Relations that states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of students and facility staff are educated on related policies. The information below outline specific steps that will be taken regarding PREA standards. Memorandum of Understanding (MOU) with Children's Hospital: The Alabama Department of Youth Services (DYS) has made multiple attempts to renew the MOU with Children's Hospital over the last several months. DYS will continue to make effort to renew the MOU. Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses for advocacy services through CHIPS.

(d) The State of Alabama Department of Youth Services PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A. 5., states, "Facilities shall attempt to make available to the victim, a Victim Advocate from the Rape Crisis Center. If a Rape Crisis Center is not available to provide Victim Advocate services, the Agency shall make available to provide these services through a qualified staff member from a community-based organization or a Qualified Facility Staff Member that has received victim advocacy training. Such training shall be documented on PREA Form 115.321 Victim Advocate Receipt of PREA."

The facility provided an expired MOU upon execution between State of Alabama Department of Youth Services and Children's Hospital of Alabama, 1600 Seventh Ave S, Birmingham, Alabama 35233. (During the post-audit phase of the audit, the Facility Administer provided a memo stating the agency was attempting to work on the MOU with Children's Hospital.) On May 19, 2020, at 5:53 pm, this Auditor contacted the Children's Hospital of Alabama at 205.638.9100 and spoke with the Charge Nurse of the Emergency Room. Although the Charge Nurse was able to verify juvenile forensic exams could take place at this location, depending on timeliness of reporting and or of the incident taking place, she was not familiar with Vacca Campus and or the agreement between the hospital and the facility. Upon asking the Charge Nurse if the hospital provided advocate services, the charge nurse confirmed advocate services were indeed available.

(e) The State of Alabama Department of Youth Services PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A. 6., states, "Qualified Facility Staff Members trained as Victim Advocates shall provide crisis intervention services to victims of Sexual Abuse and shall complete before providing services PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate." This is found compliant through provision (f) of this standard.

(f, h) The State of Alabama Department of Youth Services PAQ states the agency is responsible for Administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A. 7., states, "To the extent the Facility itself is not responsible for investigating allegations of Sexual Abuse; the Facility shall request that the investigating Agency follow the PREA standards."

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 432 300">Document Review:</p> <ol data-bbox="240 331 1489 560" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Sexual Conduct 2020-05-017 (unsubstantiated investigation of youth on youth sexual misconduct), dated June 12, 2020 4. Sexual Conduct 2020-08-025 (unsubstantiated investigation of youth on youth sexual misconduct), dated August 31, 2020 <p data-bbox="240 595 352 622">Interviews:</p> <ol data-bbox="240 654 488 909" style="list-style-type: none"> 1. Random youth 2. Targeted youth 3. Random staff 4. Supervisory staff 5. Facility Investigator <p data-bbox="240 940 1437 1066">Youth and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note in the grievance boxes available, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault. Staff reported all allegations of sexual abuse or sexual harassment are documented on internal incident reports.</p> <p data-bbox="240 1097 496 1124">Site Review Observation:</p> <ol data-bbox="240 1155 770 1294" style="list-style-type: none"> 1. Administrative building 2. School 3. Investigation (referred for criminal investigation) <p data-bbox="240 1326 1414 1384">During the tour of the facility, the Auditor witnessed grievance reporting boxes in the living Halls. All were locked and appropriately labeled to indicate the purpose of the box.</p> <p data-bbox="240 1415 1489 1581">(a) The State of Alabama Department of Youth Services PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that were received. In the past 12 months zero allegations resulted in an Administrative Investigation. In the past 12 months, two administrative investigations were completed for student sexual misconduct. Both investigations were unsubstantiated.</p> <p data-bbox="240 1612 1481 1939">State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 19, section XIII., states, "ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website."</p> <p data-bbox="240 1971 1485 2096">(b-c) The State of Alabama Department of Youth Services PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the State of Alabama Department of Youth Services, when completing Administrative investigations. This is found compliant in provision (a) of this standard.</p> <p data-bbox="240 2128 1394 2154">The agency website PREA - Alabama Department of Youth Services includes the agencies policy regarding referral</p> |

allegations of sexual abuse or sexual harassment for criminal investigations.

The agency website [www.2020-Annual-PREA-Rport.pdf \(alabama.gov\)](#) has links posted resources for reporting incidents and information on Investigations and Reporting Complaints.

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. PREA PowerPoint 2020 4. What staff should know about Sexual Misconduct with Juveniles, (informative brochure), not dated 5. PREA Form 115.331, Staff Receipt of PREA (training acknowledgment), not dated 6. PREA Form 115.334, Special Investigator Receipt of PRAE 083013, (training acknowledgment), not dated 7. PREA Form 115.335 Medical and Mental Health Receipt of PREA, (training acknowledgment), not dated 8. PREA Form 115.335.1 DYS Contract Medical and Mental Health Receipt of PREA, (training acknowledgment), not dated 9. MH Receipt of PREA –Completed Mental Health training acknowledgement samples, dated 2.18.21 through 3.2.21 10. Contract Medical Receipt of PREA, Completed Contractor training acknowledgment samples, dated 4.30.20 through 5.13.21 11. Staff Receipt of PREA, Completed staff training acknowledgment samples, dated 8.2020 through 5.11.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Target staff 3. Staff trainer <p>Interviews with random and targeted staff demonstrated all were aware of and received initial and booster training annually or bi-annual booster training. Each stated one-year training occurred on line and the next year training was conducted in person.</p> <p>Site Observation:</p> <p>Of the employee files reviewed, six employees did not have documented evidence of PREA training upon hire and five employees did not have documented evidence that they had received refresher PREA training.</p> <p>The facility provided a memo addressed to Karen Murray, the PREA Auditor, from Facility Administrator, dated June 25, 2021, stating, “Annual PREA training will be conducted each February to employees who have contact with students. Supervisors in each department (i.e., administration, medical, education, security) will be responsible for alerting staff that training is required and scheduling training with the agency trainer. The ASA will consult with the agency trainer to maintain a tracking log of each employee’s training status. Each week the ASA will send a reminder to department supervisors of staff who are scheduled for training the following week and alert them of any staff who did not attend scheduled training. All staff will be scheduled for training during the first three weeks of the month and back up sessions will be held during the last week of the month for any staff who were unable to attend their original scheduled training session. Flyers will also be posted throughout the facility to remind staff of annual PREA training.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 4, section I. A. 1.a.-k, states, “PREA training requirements during the first year of PREA enactment are as follows:</p> <p>A. Professional Specialist/Child Care/ Security Staff. This includes youth services specialists, counselor I’s, youth service aides, child care workers, shift supervisors, case managers, social workers, psychologists, teachers, medical personnel(contract employees also), recreation specialists, and security. This specialized training will be offered in pre-service to all new employees, and annually in mandatory training.</p> |

1. Sexual Abuse and Sexual Harassment training shall cover the following areas:
 - a. DYS zero-tolerance Policy 13.8.1 on Sexual Abuse and Sexual Harassment.
 - b. How to fulfill their responsibilities under Agency Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures;
 - c. Juvenile's right to be free from Sexual Abuse and Sexual Harassment;
 - d. The right of Juveniles and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
 - e. The dynamics of Sexual Abuse and Sexual Harassment in Juvenile facilities;
 - f. The common reactions of Juvenile victims of Sexual Abuse and Sexual Harassment;
 - g. 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 Juveniles;
 - h. How to avoid inappropriate relationships with Juveniles;
 - i. How to communicate effectively and professionally with Juveniles, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming Juveniles; and
 - j. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities
 - k. Relevant laws regarding the applicable age of consent.

The facility provided a PowerPoint training, staff 'receipts' of acknowledging they have received PREA training and acknowledging their understanding of PREA, demonstrating all areas described in accordance to the agency policy.

(b) The State of Alabama Department of Youth Services PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 5, section 3., states, "Such training shall be tailored to the unique needs and attributes of residents of Juvenile facilities and to the gender of the residents at the employee's Facility. The employee shall receive additional training if the employee is reassigned from a Facility that houses only male Juveniles to a Facility that houses only female Juveniles, or vice versa."

(c) The State of Alabama Department of Youth Services PAQ states 157 staff currently employed by the facility, who may have contact with residents, were trained or retrained on the PREA requirements enumerated above. Employees who have contact with residents receive annual refresher training. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 5, section 3., states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Agency shall provide each employee with refresher training every two years to ensure that all staff knows the Agency's current Sexual Abuse and Sexual Harassment policies and procedures. In years in which staff does not receive refresher training, the Agency PREA Coordinator shall provide refresher information on current Sexual Abuse and Sexual Harassment detection and prevention practices."

The facility provided employee PREA refresher PowerPoint and a sample of 'receipt' acknowledgments of training documentation. Each 'receipt' contains 17 separate areas of training which were relative to the PowerPoint training presented and utilized for annual training.

(d) The State of Alabama Department of Youth Services PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 5, section 4., states, "Facilities shall document, through employee signature that employees understand the training they have received. Documentation shall be maintained on PREA Form 115.331 Staff Receipt of PREA Training. (§115.331 Employee training)

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. PREA PowerPoint 2020 4. PREA Form 115.335 1 DYS Contractor Medical and Mental Health Receipt of PREA, not dated 5. PREA Form 115.332 Volunteer and Contractor Receipts of PREA (revised), not dated 6. Contract Medical Receipt of PREA, completed training samples, dated 4.3.2020 through 5.13.2021 7. PREA Form 115.332 Volunteer and Contractor Receipt of PREA (revised), completed training samples, dated <p>Interviews:</p> <p>Due to COVID and the timing of the audit; there were no contractors or volunteers available for interviews.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response.</p> <p>State of Alabama Department of Youth Services, PREA Regulatory Guidelines, dated 3.31.2014, page 11, section E. 1., states, "Facilities shall ensure 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."</p> <p>The facility provided a 'Volunteer and Contractor Receipt of PREA', which is comprised of:</p> <ul style="list-style-type: none"> · The facility policy statement; · Definitions · Prohibitions · Reporting Requirements · Acknowledgement · Volunteer and Contractor Receipt of PREA training <p>The curriculum used for training volunteers and contractors is the PREA PowerPoint 2020 used to also train employees.</p> <p>(b) The State of Alabama Department of Youth Services PAQ states all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. State of Alabama Department of Youth Services, PREA Regulatory Guidelines, dated 3.31.2014, page 12, section E. 2., states, Facilities shall provide training to volunteers and contractors based on the services they provide and level of contact they have with Juveniles, but all volunteers and contractors who have contact with Juveniles shall be notified of the Agency's zero- tolerance policy regarding Sexual Abuse and Sexual Harassment and informed how to report such incidents."</p> <p>(c) The State of Alabama Department of Youth Services PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 12, section E. 3-4., states, "Facilities shall maintain documentation confirming that volunteers and contractors understand the training they have received using PREA Form 115.332 Volunteer and Contractor Receipt of PREA Training." "Each Facility administrator and contract service provider shall ensure that the above training requirements are met and shall maintain training records on each employee to document when and where the employee received his/her training. Employees are required to sign their annual record of training received."</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, 3. What You Should Know About Sexual Abuse and Assault Brochure, not dated 4. Youth Safety Guide Booklet, not dated 5. Resident Handbook, dated December 24, 2017 6. Revised student pamphlet, dated June 23 2021, addressing areas deficient mentioned during the pre-audit phase. 7. Revised PREA Supplemental Information for Youth Safety Guide flyer, addressing deficient areas mentioned during the pre-audit. 8. Memorandum on State of Alabama, Department of Youth Services, from the Facility Administrator, dated June 11, 2021, speaking to youth 10-day training. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random youth 2. Targeted youth 3. Random staff 4. Social Worker 5. PREA Manager <p>Interviews with targeted and random youth, each reported their knowledge on PREA, reporting options to staff, the grievance boxes, telling a friend, notifying a parent or trusted adult. Many were not aware of reporting to an outside advocate or knowledgeable of calling the hotline. Of the staff interviewed, all were aware of internally reporting protocols; however, many were not aware of external reporting protocols other than how to call the State hotline.</p> <p>Site Observation:</p> <p>Of the 16 Juvenile files reviewed, each demonstrated evidence of PREA education within 72 hours of intake. In regard to 10-day training, this Auditor noted that of the 16 files reviewed, no youth had not received additional 10-day training as this was not a current practice at the facility.</p> <p>The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.</p> <p>Student Education</p> <p>Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 43 residents</p> |

admitted in the past 12 months were given information at intake. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 9, section III. A., states, "During the intake process, Juveniles shall receive information explaining the DYS zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. Juveniles shall be given at intake a copy of DYS Pamphlet 115.333 "What You Should Know About Sexual Abuse and Assault". This pamphlet is also available in Spanish (PREA Pamphlet 115.333S) and in a version for lower functioning Juveniles (PREA Pamphlet 115.333LF). This pamphlet shall be read by staff to all Juveniles in groups or individually."

In general, for this standard and those moving forward, resident documentation uploaded does not seem to address the following:

- Youth material suggest youth are to file a grievance with an inside advocate;
- The handbook does not speak to an emergency grievance for PREA allegations;
- Youth brochure states the facility "will work hard to keep things confidential" not that facility will ensure investigations are kept confidential.
- Brochure states the facility will tell the youth "how to get counseling", not that the facility will get help.
- Youth brochure speaks to an "investigation will take place. You will face chargers." The Auditor understands what the facility is attempting to convey; however, this language could be unclear to a youth.
- Lastly, the youth brochure states "sexual activity is for the benefit of the perpetrator". Allegations of sexual harassment or assault should be based on if sexual gratification was proven.

The facility provided a revised student pamphlet, dated June 23 2021, that addresses each of the areas noted above.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

(b) The State of Alabama Department of Youth Services PAQ states within the past 12 months, 43 residents received age appropriate PREA education within 10 days of intake. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 9, section 3.B., states, "Within 10 days of intake, the Facility shall provide comprehensive age-appropriate education to Juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. PREA education shall be accomplished using the following: Student Handbook Orientation on Sexual Abuse and Assault; PREA Form 115.333 Juvenile Receipt of PREA; PREA Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault; PREA Pamphlet 115.333.1 DYS Youth Safety Guide; Power Point Presentation 115.333 PREA Orientation for Juveniles; and Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know.

(c) The State of Alabama Department of Youth Services PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 10, section C.,

states, "Current Juveniles in DYS and contract service provider facilities who have not received such orientation shall be educated within one year of the effective date (August 20, 2013) of the PREA standards and shall receive PREA education upon transfer to a different Facility to the extent that the policies and procedures of the Juvenile's new Facility differ from those of the previous Facility and documented using PREA Form 115.333.1 Juvenile Receipt of PREA."

(d) The State of Alabama Department of Youth Services PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 10, section D.1., states, "Facilities shall provide Juvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Juveniles who have limited reading skills." "Each Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with Juveniles with disabilities, including Juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision."

(e) The State of Alabama Department of Youth Services PAQ states the facility maintains documentation of resident participation in PREA education sessions. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 10, section 2, states, "Facilities shall maintain documentation of Juvenile participation in these orientation sessions using PREA Form 115.333 Juvenile Receipt of PREA."

(f) The State of Alabama Department of Youth Services PAQ states The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 10, section G., states, "In addition to providing such education, Facility PREA compliance monitors shall ensure that key information is continuously and readily available or visible to juveniles through posters, Juvenile handbooks, or other written formats, including the following posters: Break the Silence; End the Silence; Expect Respect; Report Abuse It's Your Job and Sexual Assault Is An Act of Violence.

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| 115.334 | Specialized training: Investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 329 1441 701" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. PREA PowerPoint 2020 4. PREA Form 115.334 Special Investigator Receipt of PREA 083013, not dated 5. Special Investigators NIC 2018, certificate of training for both investigators 6. VanderWal PREA Training 2021, Special Investigator Receipt of PREA, dated 4.9.2021 7. Peoples PREA Training 2021, Special Investigator Receipt of PREA, dated April 12, 2021 <p data-bbox="242 730 352 759">Interviews:</p> <ol data-bbox="242 788 488 871" style="list-style-type: none"> 1. Facility Investigator 2. PREA Coordinator <p data-bbox="242 900 1493 996">Interviews with facility investigator and the PREA Coordinator and file review demonstrated that each investigator interviewed or reviewed had current investigator training and such training was completed annually. The investigator interviewed clearly articulated his role in an investigation and process steps to be taken as is described in the facility flow chart.</p> <p data-bbox="242 1025 1493 1288">(a) The State of Alabama Department of Youth Services PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 5, section B.1., states, "In addition to the general training provided to all employees in paragraph (A) above, facilities shall ensure that, to the extent the Facility itself conducts Sexual Abuse investigations; its investigators have received training in conducting such investigations in confinement settings. When investigations are conducted by outside law enforcement, the Agency referring the investigation shall at a minimum inform the law enforcement Agency of the training requirements under PREA for conducting an investigation within a correctional Facility."</p> <p data-bbox="242 1317 1477 1512">(c) The State of Alabama Department of Youth Services PAQ states the agency maintains documentation showing that investigators have completed the required training. The State of Alabama Department of Youth Services PAQ states the facility currently has 2 investigators currently employed who have completed specialized investigator training. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 5, section 3, states, "Facilities shall maintain documentation that Agency investigators have completed the required specialized training in conducting Sexual Abuse investigations using PREA Form 115.334 Special Investigator Receipt of PREA."</p> <p data-bbox="242 1541 1469 1603">The facility provided certificates of completed specialized investigator trainings from the National Institute of Corrections. In addition, 'Receipt of training' for special investigators was received for both agency investigators.</p> <p data-bbox="242 1632 1469 1695">Through such reviews, and due to the facility requiring annual investigator training of all of their 24 Investigators, the facility exceeds this standards requirements.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1461 676" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. 12 medical and mental health staff NIC Certificates of Completion of Medical and Mental Health Practitioner trainings, dated August 14, 2017 through May 3, 2021 4. Contract Medical Receipt of PREA, Medical and Mental Health Receipt of PREA, dated 4.12.2021 through 5.13.21 5. Medical and Mental Health Receipt of PREA, dated 2.18.21 through 5.3.21 6. Lead Nurse NIC Certificate of Completion of Medical and Mental Health Practitioner training, dated May 13, 2021. <p data-bbox="240 707 352 734">Interviews:</p> <ol data-bbox="240 766 480 846" style="list-style-type: none"> 1. Facility LPN 2. PREA Coordinator <p data-bbox="240 878 1473 1003">During interviews the LPN and the PREA Coordinator, both were able to demonstrate procedural steps to follow during a sexual abuse investigation. Each could articulate how they would ensure the youth understood the processes, how to notify the proper authorities, the SANE/SAFE hospital being that of Children’s Hospital in Montgomery and that each occurrence would be documented in an incident report.</p> <p data-bbox="240 1034 419 1061">Site Observation:</p> <p data-bbox="240 1093 1493 1155">During file review of the medical and mental health staff training records, each had completed specialized training through the facility Medical/Mental Health PowerPoint presentation, annually.</p> <p data-bbox="240 1187 1481 1447">(a) The State of Alabama Department of Youth Services PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. A total of seven staff at the facility have received training required by agency policy. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 6, section C. 1. A-d, states, “Facilities shall 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; How to preserve physical evidence of Sexual Abuse; How to respond effectively and professionally to Juvenile victims of Sexual Abuse and Sexual Harassment; and How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment.”</p> <p data-bbox="240 1478 1422 1541">The facility provided completed NIC (National Institute of Corrections) training certificates for each of their medical and mental health staff.</p> <p data-bbox="240 1572 1469 1697">(b) The State of Alabama Department of Youth Services PAQ states their medical staff do not conduct forensic medical exams. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 6, section C. 2, states, “When medical staff employed by the Facility conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.”</p> <p data-bbox="240 1729 1469 1921">(c) The State of Alabama Department of Youth Services PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 6, section. C. 3-4., states, “Facilities shall maintain documentation that medical and mental health practitioners have received the required training using PREA Form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training.” Medical and mental health care practitioners shall also receive the training mandated for employees in paragraph (A) above.”</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Housing Unit Placement Form, not dated. 4. Memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 25, 2022, states, Vacca coordinated response plan will be reviewed with all staff at monthly staff meetings. A binder that is marked "PREA Coordinated Response Plan" is stored at the staff desk in each housing unit. Staff will sign statements of acknowledgment regarding review of this procedure. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Supervisory staff 3. Intake Staff <p>Interviews with intake and supervisory staff demonstrated youth risk level were communicated through a unit roster; however, the practice had not taken place since youth were combined in order for renovations to take place.</p> <p>Site Observation:</p> <p>During review of youth files, this Auditor noted each youth had typically received screening on the day of admission. Of the two youth who had been at the program longer than 12 months, each had a risk assessment completed within 12 months of admission.</p> <p>115.342</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 13-13, section A, states, "Facilities shall use all information obtained from PREA Form 115.341 Intake Screening, and subsequently, to make housing, bed, program, education, and work assignments for Juveniles with the goal of keeping all Juveniles safe and free from Sexual Abuse. An individualized determination shall be made about how to ensure the safety of each Juvenile."</p> <p>(b) The State of Alabama Department of Youth Services PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section B, states, "Juveniles at risk of sexual victimization, or those Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Juveniles safe, and then only until an alternative means of keeping all Juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for</p> |

protective reasons, a statement of the basis for the facility's concerns for the Juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Juvenile's administrative file. During any period of isolation, facilities shall not deny Juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population."

(c) The State of Alabama Department of Youth Services PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section C., states, "Lesbian, gay, bisexual, Transgender, or Intersex Juveniles shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, Transgender, or Intersex identification or status as an indicator of likelihood of being sexually abusive."

(d) The State of Alabama Department of Youth Services PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section D., states, "In deciding whether to assign a Transgender or Intersex Juvenile to a Facility for male or female Juveniles, and in making other housing and programming assignments, the Facility shall consider, on a case-by-case basis, whether a placement would ensure the Juvenile's health and safety, and whether the placement would present management or security problems."

(e) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section E., states, "Placement and programming assignments for each Transgender or Intersex Juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the Juvenile using PREA Form 115.341.1 PREA Risk Reassessment."

(f) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section F., states, "A Transgender or Intersex Juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety issues."

(g) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section G., states, "Transgender and Intersex Juveniles shall shower separately from other Juveniles."

(h) The State of Alabama Department of Youth Services PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.

(i) The State of Alabama Department of Youth Services PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. This is found compliant in provision (b) of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014

Interviews:

1. Random staff
2. Supervisory staff
3. Intake Staff

Interviews with intake and supervisory staff demonstrated youth risk level were communicated through a unit roster; however, the practice had not taken place since youth were combined in order for renovations to take place.

Site Observation:

During review of youth files, this Auditor noted each youth had typically received screening on the day of admission. Of the two youth who had been at the program longer than 12 months, each had a risk assessment completed within 12 months of admission.

(a) The State of Alabama Department of Youth Services PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 13-13, section A, states, "Facilities shall use all information obtained from PREA Form 115.341 Intake Screening, and subsequently, to make housing, bed, program, education, and work assignments for Juveniles with the goal of keeping all Juveniles safe and free from Sexual Abuse. An individualized determination shall be made about how to ensure the safety of each Juvenile."

(b) The State of Alabama Department of Youth Services PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.

State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section B, states, "Juveniles at risk of sexual victimization, or those Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Juveniles safe, and then only until an alternative means of keeping all Juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the Juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Juvenile's administrative file. During any period of isolation, facilities shall not deny Juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population."

(c) The State of Alabama Department of Youth Services PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section C., states, "Lesbian, gay, bisexual, Transgender, or Intersex Juveniles shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, Transgender, or Intersex identification or status as an indicator of likelihood of being sexually abusive."

(d) The State of Alabama Department of Youth Services PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section D., states, "In deciding whether to assign a Transgender or

Intersex Juvenile to a Facility for male or female Juveniles, and in making other housing and programming assignments, the Facility shall consider, on a case-by-case basis, whether a placement would ensure the Juvenile's health and safety, and whether the placement would present management or security problems."

(e) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section E., states, "Placement and programming assignments for each Transgender or Intersex Juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the Juvenile using PREA Form 115.341.1 PREA Risk Reassessment."

(f) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section F., states, "A Transgender or Intersex Juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety issues."

(g) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 14, section G., states, "Transgender and Intersex Juveniles shall shower separately from other Juveniles."

(h) The State of Alabama Department of Youth Services PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.

(i) The State of Alabama Department of Youth Services PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. This is found compliant in provision (b) of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014
3. Resident Handbook, pages 39-42, not dated
4. Sexual Abuse Numbers, not dated
5. DYS form 1.28 new 4-Grievance – DYS Grievance Form
6. Memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 11, 2021, stating youth flyers, hotline numbers and education have been revised.

Interviews:

1. Random staff
2. Random youth
3. Targeted youth

Youth and staff interviewed were aware family members, friends or legal representatives could make third party reports if youth were not comfortable reporting on their own. Many were not aware of telephone procedures for calling an outside advocates or the available hotline. Each youth and staff interviewed was aware of youths' right to report anonymously. Of the random youth and staff interviewed, each were able and willing to answer questions. The targeted youth interviewed stated their initial searches being respectful. None believed their housing assignments were made due to their identification.

Site Observations:

Youth files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

(a) The State of Alabama Department of Youth Services PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. State of Alabama Department of Youth Services, PREA Regulatory Guidelines, dated 3.31.2014, page 16, section VIII. A., states, "Juveniles who are victims of Sexual Abuse or Sexual Harassment, who have faced retaliation by staff or peers for reporting Sexual Abuse or Sexual Harassment; or who want to report staff neglect or violation of responsibilities that may have contributed to such incidents, have the option to report the incident to any staff member, in addition to immediate point-of-contact line staff members, or to the Agency PREA Sexual Assault Hotline."

The facility provided a youth handbook, specifically page 42 that speaks to filing a complaint through the grievance process; speaking to the Campus Administrator or sending a letter to the Executive Director of the Executive Director. The facility also provided a Sexual Abuse Numbers flyer with the DYS Sexual Assault 24-Hour Hotline. On May 18, 2021 at 7:02 pm, this Auditor phoned the Hotline number and left a message explaining the reason for my call. On May 19, 2021 at 8:30 am, this Auditor received a call back from the DYS State PREA Coordinator. The PREA Coordinator explained that these calls go to her voicemail and she would inform the necessary Program Director and Case Manager of reports from youth. The PREA Coordinator explained she monitors her messages and calls in often to check for messages, seven days a week.

(b) The State of Alabama Department of Youth Services PAQ states facility 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. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

State of Alabama Department of Youth Services policy, PREA Regulatory Guidelines, dated 3.31.2014, page 16, section B., states, "Juveniles may also report Sexual Abuse or Sexual Harassment or retaliation to a public or private entity, such as ADAP or to the MOU Rape Crisis Center that is not a part of the Facility and they can immediately forward the Juvenile's report to the Agency PREA Coordinator." Page 16, section I, states, "In the event that Juveniles are adjudicated solely for civil immigration purposes, they shall be provided information on how to contact appropriate consular or Homeland Security officials."

On May 21, 2021 at 5:36 pm, this Auditor called the number on the Sexual Abuse Numbers flyer, specifically the number under the heading, 'Children's Hospital Intervention & Prevention Services, Crisis Center: 205.323.7777. Operator, 'Katie' answered the phone. Upon introducing myself and the reason for my call, the operator explained to me the number was a hotline for suicidal persons. The operator expressed that she was not aware of the Vacca Campus; however, she could describe if youth called 205.323.7213 they would be calling the PREA advocate hotline. The operator was then able to describe that the youth had 15 minutes to make a report and if a sexual assault had taken place, they would be brought to Children's hospital for a forensic exam and interview.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

(c) The State of Alabama Department of Youth Services PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

State of Alabama Department of Youth Services policy, Sexual Assault/Abuse/Harassment, page 16, section F., states, "Staff is required to accept and document all reports of Sexual Abuse or Sexual Harassment made verbally, in writing, anonymously, or from third parties using DYS Form 812 Critical Incident Report." Page 16, section I. states, "Reports by staff shall be documented immediately, within the shift of duty in which the report is received. Staff may use the DYS PREA Sexual Assault Hotline to report privately or they may report up their chain of command, or to the DYS PREA Coordinator or the DYS Special Investigator."

(d) The State of Alabama Department of Youth Services PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or 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. State of Alabama Department of Youth Services policy, Sexual Assault/Abuse/Harassment, page 16, section C., states, "Juveniles may use the DYS Form 1.28 Juvenile Grievance Form, available in each living unit and in the school, to report Sexual Abuse, Sexual Harassment or retaliation, or they may make a verbal report to their DYS Advocacy Representative."

The facility also provided the student handbook, regarding filing a grievance; on pages 17-18. The handbook states the youth may report a Level One Grievance addressed to the Facility Administrator or a Level Two Grievance and an advocate will respond. The youth Grievance Policy does not speak to when the grievance will be responded to nor any language regarding emergency grievances for youth. As is stated above in the Facility Administrator's memo, youth have been retrained to give emergency grievances to staff who are not involved in the allegation.

(e) The State of Alabama Department of Youth Services PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. This is found compliant in provision (c) of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
1. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014
2. DYS Policy 1.13 Youth Grievance Process Policy, dated February 22, 2017
3. Facility Response to Grievance Form, not dated
4. DYS Youth Grievance Form, not dated
5. Memorandum on State of Alabama, Department of Youth Services letterhead, from the Facility Director, regarding the status of the advocate MOU, dated June 11, 2021
6. Revised PREA Supplemental Information for Youth Safety Guide flyer, not dated
7. Memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 11, 2021, stating youth flyers, hotline numbers and education have been revised.
8. Memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 25, 2022, states, Vacca coordinated response plan will be reviewed with all staff at monthly staff meetings. A binder that is marked "PREA Coordinated Response Plan" is stored at the staff desk in each housing unit. Staff will sign statements of acknowledgment regarding review of this procedure.

Interviews:

1. Random youth
2. Targeted youth
3. PREA Coordinator
4. PREA Manager
5. Agency Grievance Officer

Youth interviewed were aware of the grievance procedures and understood a trusted adult could assist them, if needed. None of the youth interviewed stated they had reported a PREA allegation; however, all but two stated they were aware of emergency grievance protocols and would not feel comfortable giving PREA grievances to staff.

During the interview with the PREA Coordinator, PREA Manager and the Grievance Officer, all agreed the practice of checking the grievance box once per week was not sufficient for meeting standard requirements in responding to emergency grievances. The agency staff agreed youth would be trained to give emergency grievances to staff; however, 90% of youth interviewed stated they did not feel comfortable giving emergency grievances to staff. The Auditor requested the facility train youth to give emergency grievances to staff who were not involved in the grievance and or place in a sealed envelope for the Program Administrator.

Site Observation:

Grievance boxes, third party postings and third party reporting forms were available in highly trafficked areas by youth and visitors.

(a) The State of Alabama Department of Youth Services PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The State of Alabama Department of Youth Services DYS Policy 1.13, Youth Grievance Process, outlines all procedures for youth grievances.

The facility did not use information from the youth risk assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe and free from sexual abuse. The facility provided a Housing Unit form demonstrating that youth's risk level is communicated to facility staff, through the form. In addition, the facility provided a Memorandum - State of Alabama, Department of Youth Services letterhead, from the Facility Administrator, dated June 25, 2022, states, Vacca coordinated response plan will be reviewed with all staff at monthly staff meetings. A binder that is marked "PREA Coordinated Response Plan" is stored at the staff desk in each housing unit. Staff will sign statements of acknowledgment regarding review of this procedure.

(b) The State of Alabama Department of Youth Services PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The State of Alabama Department of Youth Services DYS Policy 1.13, Youth Grievance Policy, page 5, section B. 4., states, "A Youth may choose to resolve the situation by seeking an Informal Resolution. This step is not a requirement and the Youth may choose to file a Grievance in an effort to resolve the situation without attempting an Informal Resolution.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, states grievances are picked up once a week, therefore the 48 hour and five-day time limit may be expired by the time grievances are retrieved. In addition, emergency grievances would not be responded to, timely, if retrieved once per week.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

(c) The State of Alabama Department of Youth Services PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The State of Alabama Department of Youth Services DYS Policy 13.1, Youth Grievance Process, page 6, section D. 1-2, states, "Once each week, or every two weeks for outlying facilities, the Advocacy Representative retrieves all Grievances from the locked Grievance boxes. The Advocacy Representative interviews each Youth who has filed a Grievance and contacts witnesses and staff who are named in the Grievance." Page 8, section E.2., states, "No Youth is required to use any informal Grievance process, or to otherwise attempt to resolve with staff, an alleged incident of Sexual Abuse."

(d) The State of Alabama Department of Youth Services PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

- there have been zero grievances filed alleging sexual abuse;
- zero grievances alleging sexual abuse that reached final decision within 90 days, after being filed;

- zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and;
- zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

The State of Alabama Department of Youth Services DYS Policy 13.1, Youth Grievance Process, page 7, section 7., states, "Once the Advocacy Representative reviews the response with the Youth, both the Youth and the Advocacy Representative sign the form. If the Youth refuses to sign the form, the Advocacy Representative documents "refused" on the line provided for the Youth's signature and signs and dates the form."

(e) The State of Alabama Department of Youth Services DYS Policy 13.1, Youth Grievance Process, page 8, section 9., states, "Third parties, including fellow Youth, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing Grievances relating to allegations of Sexual Abuse, and are also permitted to file such request on behalf of Youth." Page 9, section 11-12., states, "If the Youth declines to have the Grievance processed on his or her behalf, the Department Advocate documents the Youth's decision." "A parent or legal guardian of a Youth is allowed to file a Grievance regarding allegations of Sexual Abuse, including appeals on behalf of such Youth. Such a Grievance is not conditioned on the Youth agreeing to have the request filed on his or her behalf."

(f) The State of Alabama Department of Youth Services PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

The State of Alabama Department of Youth Services DYS Policy 13.1, Youth Grievance Process, page 9, section 14., states, " After receiving an emergency Grievance alleging a Youth is subject to a substantial risk of imminent Sexual Abuse, the AOD immediately forwards the Grievance (r any portion thereof that alleges the substantial risk of imminent Sexual Abuse to (1) the Facility Administrator or designee, (2) the Advocacy Representative, and (3) the SIU, at which time immediate corrective action may be taken. The Department Advocacy Representative, in consultation with SIU, provides an initial response within 48 hours, and issues a final decision within five (5) calendar days. The initial response and final decision documents the determination whether the Youth is in substantial risk of imminent Sexual Abuse and the action taken in response to the emergency Grievance."

Upon the Auditors first review of the State of Alabama Department of Youth Services Grievance Procedure, the policy contradicts the 48 hour response time requirement with a five day resolution as grievances are picked up once a week or once every two weeks, depending on location.

The agency grievance officer retrieves grievances once per week. Due to this practice, emergency grievances have the propensity of not providing an initial response within 48 hours and or ensuring a final agency decision of the grievance is decided upon within five calendar days.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

(g) The State of Alabama Department of Youth Services PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. The State of Alabama Department of Youth Services DYS Policy 13.1, Youth Grievance Process, page 10, section F. Grievances Filed in Bad Faith, states, "Facilities may discipline a Youth for filing a Grievance related to alleged Sexual Abuse/assault/harassment only where the facility demonstrates that the Youth filed the Grievance in Bad Faith. The facility Youth shall use the regular disciplinary committee and pre-established sanctions should be applied."

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014,
3. CHIPS Center information sheet, not dated
4. ADAP 'It's Your Right' flyer, not dated
5. Sexual Abuse Numbers, flyer, not dated
6. CHIPS Cooperative Agreement, dated 10.3.2017
7. Revised PREA Supplemental Information for Youth Safety Guide flyer, not dated
8. Revised student pamphlet, dated June 23 2021
9. The facility provided a Memorandum on State of Alabama, Department of Youth Services letterhead, from the Facility Director, explaining the status of the advocate/SANE MOU dated June 25, 2021,
10. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, ensuring youth flyers would be updated with required information and staff and youth would be trained on newly provided information,

Interviews:

1. Random youth
2. Targeted youth
3. Mental Health staff
4. Random staff

Youth interviewed could not demonstrate their reporting knowledge externally to include calling the hotline, or external advocate; however, each knew they could tell a trusted adult at the program or in the community. Each youth interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse. Mental Health and random staff were unaware of outside advocates; however, each of those staff interviewed could speak to giving youth a private location to make calls to hotline numbers posted in the facility.

Site Observation:

Youth and or staff were not aware of access to outside victim advocates. Current postings, as is stated above in the pre-audit phase, did not make advocate information accessible to include mailing address and or phone numbers. The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 11, 2021, addressed to Karen Murray PREA Auditor, from the Director of Facility Operations & Community Relations, dated June 25, 2021, which states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of student and facility staff are educated on related policies. The information below outlines specific steps that will be taken regrading PREA standards.

Student Education

Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses. The Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) document has also been updated to reflect additional review of PREAE policies with students following intake with ten days of admission. Additional PREA education will be provided the next Wednesday following intake for all students. A Youth Services Specialist has been identified to provide support to the intake officer and monitoring of education documentation. The Administrative Supporting Assistant (ASA) will maintain a database of all completed PREA education and alert the specialist prior to 10 days if any student has not received PREA documentation.

(a) The State of Alabama Department of Youth Services PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 25, section XVII. A., states, "Facilities shall provide Juveniles with access to outside Victim Advocates for emotional support services related to Sexual Abuse, by posting mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or Rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The Facility shall enable reasonable communication between Juveniles and these organizations and agencies, in as confidential a manner as possible."

The facility provided several flyers and posters with outside advocate numbers; however, none of the numbers were found to be current or accurate. This Auditor contacted the following:

- ADAP - 1.800.826.1675. A message states, "Cannot be reached from your calling area."
- CHIPS – 205.323.7777 was answered by an Operator who told this Auditor the number was a suicide hotline. Correct number for the PREA Hotline is 205.323.7273.
- Agreement with the Agency and Children's Hospital was expired as of October 2019. Upon calling Children's Hospital, the operator of the PREA Hotline could speak to process that would take place; however, she was unaware of the Vacca Campus.

Flyers and posters provided do not have current phone numbers and do not include mailing address of advocate.

The facility provided a PREA Supplemental Information for Youth Safety Guide flyer, which includes the following information: Vacca Campus PREA Manager and PREA Coordinator names and contact information; Emergency Grievance for Sexual Allegations information; Confidentiality statement; Children's Hospital Intervention & Prevention Services purpose, contact and mailing address information; Emotional Support Services purpose, contact and mailing address information; and the following statement. "All victim support services, access to community advocates and forensic medical treatment are provided at no cost to youth or their families."

(b) The State of Alabama Department of Youth Services PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 25, section XVII. B., states, "Facilities shall inform Juveniles, 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."

Youth information does not speak to having unmonitored calls, or free services. The facility provided a revised student pamphlet, dated June 23 2021, that addresses each of the areas noted above.

Reference to an outside advocate on youth information –MOU states Children's Hospital serves as the advocate; however, MOU is expired and Children's Hospital staff did not seem to know they serve Vacca Campus in an advocate capacity.

The facility provided a memorandum on State of Alabama, Department of Youth Services letterhead, dated June 25, 2021, addressed to Karen Murray PREA Auditor, from Director of Facility Operations & Community Relations that states, "A number of steps have been taken to ensure continued compliance with the Prison Rape Elimination Act (PREA). Additional meetings have been held with Vacca administrative staff to identify steps that can be taken to ensure the safety of students and facility staff are educated on related policies. The information below outline specific steps that will be taken regarding PREA standards. Memorandum of Understanding (MOU) with Children's Hospital: The Alabama Department of Youth Services (DYS) has made multiple attempts to renew the MOU with Children's Hospital over the last several months. DYS will continue to make effort to renew the MOU. Handouts, flyers, and education pamphlets have been updated with current phone numbers and mailing addresses for advocacy services through CHIPS.

(c) The State of Alabama Department of Youth Services PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 25, section XVII. B., states, "Facilities shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide Juveniles with confidential emotional support services related to Sexual Abuse. The Agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements."

(d) The State of Alabama Department of Youth Services PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 25, section D., states, "Facilities shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, 3. Facility website: https://dys.alabama.gov/prea <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random youth 2. Targeted youth 3. Random staff 4. Supervisory staff <p>Youth and staff interviewed demonstrated their reporting knowledge of third party reporting. However, as is described in standard 115.353, none were aware of reporting to an outside advocate. This issue has been resolved as staff and youth have been retrained as is described in standards 115.353.</p> <p>During the tour, in the student union building and in the building where probation officers and or on line meetings were held, third party posters with reporting information was available.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 16, section E., states, "A third party reporting form, PREA Form 115.354 Third Party Reporting for Sexual Abuse or Sexual Harassment, is also available on the DYS PREA website for reporting allegations."</p> <p>The Auditor emailed machea.jones@dys.alabama.gov, a Third Party Reporting Form as instructed on the agency website on May, 21, 2021, at 8:49 pm. On May 22, 2021 at 8:14 am, the Agency PREA Coordinator responded to the Third Party Report this Auditor submitted. Had this been an actual Third Party Report, the Agency PREA Coordinator would have made the necessary agency reporting contacts and forwarded the report to the Agency Special Investigator Unit Investigators.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014

Interviews:

1. Program Administrator
2. PREA Coordinator
3. PREA Manager
4. Supervisory staff
5. Nurse
6. Random staff
7. Random and targeted
8. Agency Investigator

Interviews with the Program Administrator, PREA Coordinator, supervisory staff, agency investigator, Nurse, random staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Each of the staff and youth interviewed were in unison regarding feeling safe when reporting and who to report allegations to, internally or externally.

(a) The State of Alabama Department of Youth Services PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 17, section X. B.1-2., states, "Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of Sexual Abuse, Sexual Harassment or retaliation that is alleged to have occurred. "All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation."

(b) The State of Alabama Department of Youth Services PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 17, section D., states, "Medical and mental health practitioners are required to report Sexual Abuse up their chain of command, as well as where required by mandatory reporting laws."

(c) State of Alabama Department of Youth Services PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section X. C., states, "Apart from reporting to designated supervisors, special investigators, law enforcement and designated state agencies, staff are 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."

(d) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section VI.A.3, states, "Medical and mental health personnel shall be required to verbally inform Juveniles at the initiation of services of their duty to report and the limitations of confidentiality."

(e) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section F.,

states, "Immediate notification shall be made and documented by the Facility administrator/designee to the DYS Office of Programs and Client Services, Central Office or DYS Community Services if contract service provider, when the alleged assault is reported, at the same time other notifications are made as required by DYS policy to the special investigator, medical staff, and to the Facility PREA compliance monitor."

Page 18, section G., states, "Allegations of Sexual Abuse shall be investigated pursuant to PREA Standard 115.371. Notification of allegations to the Juvenile's parents/guardians, attorney, or other legal representative shall be given pursuant to the instructions of the Special Investigation Unit (SIU) in DYS operated facilities or by the Facility director/designee in contract service provider facilities. The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU/investigator determines the allegation is Minimally Credible, notification to the parents/guardian, attorney or legal representative shall be made by the Deputy Director of Programs and Client Services or his/her designee or by the contract service provider program director/designee."

Page 18, section H, states, "The Facility investigator/designee shall also report the allegation to the Juvenile court retaining jurisdiction over the alleged victim and to the Juvenile's attorney or other legal representative of record within 14 days of receiving the allegation."

(f) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section X. B. 4., The Facility administrator/designee shall immediately notify the Facility PREA Monitor and their investigator of the allegations. Contract service providers should follow their chain of command as well as make notification to DYS Community Services."

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| 115.362 | Agency protection duties |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 438 300">Document Review:</p> <ol data-bbox="242 327 1444 472" style="list-style-type: none"> <li data-bbox="242 327 829 356">1. State of Alabama Department of Youth Services PAQ <li data-bbox="242 383 1444 412">2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, <li data-bbox="242 439 1348 468">3. Incident Reports and responses for seven sexual abuse allegations, dated 3.11.2019 through 11.18.2019. <p data-bbox="242 499 359 528">Interviews:</p> <ol data-bbox="242 555 494 701" style="list-style-type: none"> <li data-bbox="242 555 494 584">1. Program Administer <li data-bbox="242 611 486 640">2. PREA Coordinator <li data-bbox="242 667 494 696">3. Agency Investigator <p data-bbox="242 728 1460 824">Interviews with the Program Administer, PREA Coordinator and facility investigators demonstrated the facility staff acts promptly and responds properly at the discovery of the incident. Review of sexual misconduct investigations demonstrated allegations are responded to quickly and thoroughly.</p> <p data-bbox="242 855 422 884">Site Observation:</p> <p data-bbox="242 911 1181 940">There had not been any criminal and or administrative investigations since the last audit cycle.</p> <p data-bbox="242 967 1476 1131">(a) The State of Alabama Department of Youth Services PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports zero residents were subject to substantial risk of imminent sexual abuse. Upon discovery of resident being subject to substantial risk, the facility immediately separated the victim from the perpetrator, made notification and completed incident reporting requirements.</p> <p data-bbox="242 1162 1476 1326">State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 13, section V., states, "When a staff learns that a Juvenile is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the Juvenile and reporting shall be made up the chain of command. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions."</p> <p data-bbox="242 1357 1476 1453">Through review of the seven investigations, the Auditor found each staff had immediately reported allegations to supervisory staff. Supervisory staff completed investigations, to include safety plans, where applicable, and completed all seven investigations within 72 hours.</p> |

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| 115.363 | <p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Administer <p>The interview with the Program Administer demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section XI. A., states, " Upon receiving an allegation that a Juvenile was Sexually Abused while confined at another Facility, the head of the Facility that received the allegation shall notify the head of the Facility or appropriate office of the Facility where the alleged abuse occurred and shall also notify the appropriate investigative Agency, using PREA Form 115.363 Reporting to Other Confinement Facilities."</p> <p>(b) The State of Alabama Department of Youth Services PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 18, section XI. B., states, " Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation."</p> <p>(c) The State of Alabama Department of Youth Services PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. The PREA Manager reported such notifications would be documented in the Rite Track electronic database. To date, the facility has not had a need to provide such notification.</p> <p>(d) The State of Alabama Department of Youth Services PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 19, section C-D., states, "The Facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. "The outcome of the investigation shall be provided to the Facility that initiated the allegation from the Juvenile."</p> |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014,
3. PREA PowerPoint 2020
4. Staff First Responder Duties Poster, not dated
5. PREA Form 115.364 First Responder Checklist, not dated
6. PREA Form 115.364.1 First Responder Guidelines for Sexual Assault, not dated
7. PREA Form 115.371 Process for Investigating Sexual Assaults (Coordinated Response) not dated

Interviews:

1. Supervisory staff
2. Random staff
3. Facility Investigator

Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities. Each were able to explain required protocols.

(a) The State of Alabama Department of Youth Services PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, 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, 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. In the past 12 months, zero allegations occurred where a resident was sexually abused. In the past 12 months, there were zero allegations where staff were not notified within a time period that still allowed or the collection of evidence.

State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 19, section XII. 1-4, states, "Upon learning of an allegation that a Juvenile was sexually abused, the first staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser; and
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and 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.
4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor. Refer to PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault.
5. Staff shall follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated."

The facility provided:

- a Staff First Responder Duties Poster, which outlines first responder duties to separate, preserve, request the alleged victim and perpetrator not take any action to destroy evidence and immediately report.
- PREA Form 115.364 First Responder Checklist, which outlines separating alleged victim and perpetrator, securing the

location and other residents, reporting to the Unit Manager, Campus Administrator and Special Investigator. This Auditor phoned both phone numbers provided on the checklist and one number belonged to a State of Alabama employee and the other was disconnected. As is noted in standards 115.351 and 115.352, flyers and information has since been updated and trained to staff and youth.

- PREA Form 115.364.1 First Responder Guidelines for Sexual Assault. This document is a First Responder guideline for sexual assaults at all Department of Youth Services Facilities.

- PREA Form 115.371 Process for Investigating Sexual Assaults, which is a detailed organization chart outlining how to complete a sexual assault investigation, to include forensic interviews and exam processes.

(b) The State of Alabama Department of Youth Services PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

State of Alabama Department of Youth Services policy, Prison Rape Elimination Act, page 19, section XII. 3., states, "If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and 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."

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Sexual Abuse Coordinated Team Response Vacca, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Administer 2. PREA Coordinator 3. PREA Manager 4. Supervisory staff 5. Random staff <p>Interviews with the Program Administer, PREA Coordinator, supervisory and random staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.</p> <p>Site Observation:</p> <p>Review of the institutional plan demonstrates clear direction to staff to ensure first responder duties are fulfilled.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 17, section X. A., states, "The Facility administrator shall develop a written institutional plan to coordinate actions of all staff in the event that a sexual assault occurs."</p> <p>The facility provided a Sexual Abuse Coordinated Team Response individual to the Vacca Campus. The procedures outline areas of responsibility for all positions who are part of the Sexual Abuse Team.</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Administer 2. PREA Coordinator <p>Interviews with the Program Administer and the PREA Coordinator demonstrated the Agency does not have collective bargaining affiliations</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit. The facility provided a collective bargaining agreement, which demonstrates the agreement is in place to protect only employee pay schedules. Employees are mandated to follow all other State of Alabama Department of Youth Services personnel and facility policy through the hiring process.</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. PREA Form 115.367 Protections Against Retaliation Form, not dated 4. PREA Protections Against Retaliation, (completed youth form), dated 8.14.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Administrator 2. PREA Manager 3. Supervisory staff 4. Case Management staff 5. Agency Investigator <p>Interviews with the Facility Administrator, PREA Manager, supervisors and agency investigator demonstrated the PREA Coordinator and or Case Management staff would and have completed retaliation monitoring. Staff reported retaliation is documented on incident reports, case notes or shift logs at least once per week.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency has 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. The facility designates counselors, direct care staff or a designated supervisor as retaliation monitors. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 22, section XV. B., states, "Protections from retaliation will be afforded all Juveniles and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations. It is the responsibility of the Campus Administrator to designate which staff members are charged with monitoring retaliation. The Facility shall employ multiple protection measures, such as housing changes or transfers for Juvenile victims or abusers, removal of alleged staff or Juvenile abusers from contact with victims, and emotional support services for Juveniles or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations."</p> <p>(b) This measure is found compliant in provision (a) of this standard.</p> <p>(c-e) The State of Alabama Department of Youth Services PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the Juvenile is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had one incidents of retaliation. Please not the PAQ states zero; however, retaliation monitoring for one youth was uploaded in the OAS. This sample is dated 8.14.2020.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 22, section XV. C-F, state:</p> <p>§ "For at least 90 days following a report of Sexual Abuse, the Facility administrator shall designate a staff to monitor the conduct or treatment of residents or staff who reported the Sexual Abuse and 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, and shall act promptly to remedy any such retaliation. Monitoring shall be done using PREA Form 115.367 Protections against Retaliation."</p> <p>§ "The Facility shall monitor any Juvenile disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The Facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."</p> <p>§ "In the case of Juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes."</p> |

§ "If any other individual who cooperates with an investigation expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual against retaliation."

The facility provided both a blank and completed PRA Protections Against Retaliation form, which substantiates facility policy and procedures as well as standard compliance.

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random staff 3. Supervisory staff 4. Random youth 5. Targeted youth <p>Random and targeted youth interviews conducted demonstrated that youth had not nor had they heard of a youth being placed in isolation during their residency. Interviews with the PREA Coordinator, random, and supervisory staff demonstrated that isolation was not a current practice at Vacca Campus.</p> <p>Site Observation:</p> <p>During the tour, seclusion rooms were not found nor did staff or youth speak to seclusion being a current practice at the facility.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise." In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 14, section B., states, "Juveniles at risk of sexual victimization, or those Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Juveniles safe, and then only until an alternative means of keeping all Juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the Juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Juvenile's administrative file. During any period of isolation, facilities shall not deny Juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population."</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Facility Investigator <p>Interviews with the PREA Coordinator and the facility investigator demonstrated each completed initial and annual specialized investigator training. Each clearly articulated processes required during an investigation, except the notification requirements to victims.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 19, section XIII., states, "ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website."</p> <p>Page 19, section 1., states, "When the Facility conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."</p> <p>(b) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20, section 2., states, "All investigators assigned to conduct Sexual Abuse and Sexual Harassment allegations shall receive special training in Sexual Abuse investigations involving Juvenile victims. Refer to Section I, B page 5 of these rules and procedures."</p> <p>Investigators completed Sexual Assault Investigation Training through the National Institute of Corrections website. Training certificates were provided and can be found in the OAS uploaded documents in Standard 115.334.</p> <p>(c) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20., section 3., states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator."</p> <p>(d) The State of Alabama Department of Youth Services PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20, section 4., states, "Facilities shall not terminate an investigation solely because the source of the allegation recants the allegation."</p> <p>(e) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20, section 3., states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator."</p> <p>(f) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20. Section 5., states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Juvenile or staff. No Facility shall require a Juvenile who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."</p> <p>Page 20, section 6., states, "The investigator initiates the request for a forensic medical examination via telephone to the</p> |

Memorandum of Understanding (MOU) designated Rape Crisis Center/hospital when evidence appears to support it.”

(g) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20., section 7, states, “Administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

(h) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20. Section 8., states, “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

(l) The State of Alabama Department of Youth Services PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20, section 9, state, “The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution.”

There have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last audit cycle.

(j) The State of Alabama Department of Youth Services PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 20-21, section 11., states, “Facilities shall retain all written reports 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 and applicable law requires a shorter period of retention.”

(k) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 21, section 12., states, “The departure of the alleged abuser or victim from the employment or control of the Facility or shall not provide a basis for terminating an investigation.”

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Investigator <p>The interview with the facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. State of Alabama Department of Youth Services policy, page 21, section 13., states, “The departure of the alleged abuser or victim from the employment or control of the Facility or shall not provide a basis for terminating an investigation.”</p> |

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| 115.373 | Reporting to residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 331 1445 586" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, 3. PREA Form 115.373 Juvenile Notification of Investigative Outcome, not dated 4. Administrative Investigation, Sexual Misconduct, 05.17.2020 5. Administrative Investigation, Sexual Misconduct, 08.25.2020 <p data-bbox="240 618 352 645">Interviews:</p> <ol data-bbox="240 676 491 757" style="list-style-type: none"> 1. Agency Investigator 2. PREA Coordinator <p data-bbox="240 788 1445 846">Interviews with the PREA Coordinator and facility investigator demonstrated notification requirements to victims could be received verbally, in any type of written format or through third party.</p> <p data-bbox="240 878 1485 1003">(a) The State of Alabama Department of Youth Services PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been zero criminal and or administrative investigations.</p> <p data-bbox="240 1034 1485 1227">State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 21, XIV. B, states, "Juveniles who have been the victim of a Sexual Abuse and Sexual Harassment shall receive notification of determined outcomes documented using PREA Form115.373 Juvenile Notification of Investigative Outcome. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification."</p> <p data-bbox="240 1258 1134 1285">The facility provided PREA form 115.373, Juvenile Notification of Investigative Outcomes.</p> <p data-bbox="240 1317 1481 1411">(b) The State of Alabama Department of Youth Services PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse.</p> <p data-bbox="240 1442 1493 1536">The State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 21, XIV. D, states, "If the Facility did not conduct the investigation, the investigator shall request the relevant information from the investigative Agency in order to inform the Juvenile."</p> <p data-bbox="240 1568 1465 1662">(c) The State of Alabama Department of Youth Services PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul data-bbox="240 1693 1426 1886" style="list-style-type: none"> • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="240 1917 1457 1975">There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.</p> <p data-bbox="240 2007 1473 2132">State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 21, section XIV. A., states, "Following an investigation into a Juvenile's allegation of Sexual Abuse by a staff member, the investigator/designee shall inform the Juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded whenever the staff is no longer assigned within the juvenile's living unit; no longer employed</p> |

in the facility; has been indicted or convicted on a charge of sexual abuse within the facility.”

(d) The State of Alabama Department of Youth Services PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 22, section, “Following a Juvenile’s allegation that he or she has been Sexually Abused by another Juvenile, the Facility shall subsequently inform the alleged victim whenever the Facility learns that the alleged abuser has been indicted and/or convicted on a charge related to Sexual Abuse within the Facility.”

(e) The State of Alabama Department of Youth Services PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notification to a resident, pursuant to this standard. Of those motivations, in the past 12 months, one was documented.

State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 21, section XIV, section B., states, “Juveniles who have been the victim of a Sexual Abuse and Sexual Harassment shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcome. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile’s administrative file as documentation of the notification.”

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| 115.376 | Disciplinary sanctions for staff |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 329 1441 412" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p data-bbox="242 443 352 472">Interviews:</p> <ol data-bbox="242 501 735 640" style="list-style-type: none"> 1. PREA Manager 2. Director of Human Resources 3. Human Resource Administrative Assistant <p data-bbox="242 672 419 701">Site Observation:</p> <p data-bbox="242 730 1409 790">In the last 12 months, the facility had zero staff who was disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p data-bbox="242 819 1493 981">(a) The State of Alabama Department of Youth Services PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XX. A., states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating Facility Sexual Abuse or Sexual Harassment policies."</p> <p data-bbox="242 1010 1465 1070">(b) The State of Alabama Department of Youth Services PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1099 1461 1196">State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XX. B., states, "Termination shall be the presumptive disciplinary sanction for staff who has engaged in Sexual Abuse."</p> <p data-bbox="242 1225 1473 1386">(c) The State of Alabama Department of Youth Services PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p data-bbox="242 1415 1493 1576">State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XX. C. states, "Disciplinary sanctions for violations of Agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be 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."</p> <p data-bbox="242 1606 1493 1736">(d) The State of Alabama Department of Youth Services PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p data-bbox="242 1765 1453 1895">State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XX. D., states, "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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."</p> |

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| 115.377 | <p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Director of Human Resources 3. Human Resource Administrative Assistant <p>Interviews:</p> <p>Due to COVID restrictions, the facility was not using volunteers. Contract staff are only used in the medical and mental health department and none were on site during the on-site phase of the audit.</p> <p>Site Observation:</p> <p>During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXII, states, "Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with Juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>In the past 12 months, the State of Alabama Department of Youth Services has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.</p> <p>(b) The State of Alabama Department of Youth Services PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This measure is found compliant in provision (a) of this standard.</p> |
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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Sexual Abuse Incident Team member – Facility Administrator, PREA Coordinator, PREA Manager, Investigator <p>Interviews with sexual abuse incident team members demonstrated youth who falsely reported PREA allegations would not earn privileges. Staff explained youth who do not earn good weeks could result in not being allowed privileges in recreation areas of programming, reduction of level, and earlier bedtimes.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 27, Section XXI. A., states, "A Juvenile may be subject to disciplinary sanctions by the Facility disciplinary committee only pursuant to a formal disciplinary process following an administrative finding that the Juvenile engaged in Juvenile-on-Juvenile Sexual Abuse or following a criminal finding of guilt for Juvenile-on-Juvenile Sexual Abuse."</p> <p>(b) The State of Alabama Department of Youth Services PAQ states in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on-resident sexual abuse.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XXI. B., states, "Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the Juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other Juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a Juvenile, facilities shall not deny the Juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using PREA Form 115.342.1 Isolation Activity Log."</p> <p>(c) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 27, section XXI. C., states, "The Facility disciplinary committee shall consider whether a Juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The disciplinary committee may want to consult with the Juvenile's case manager for additional information on the Juvenile's mental status before imposing a sanction."</p> <p>(d) The State of Alabama Department of Youth Services PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 2-287, section XXI. D., states, "If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility shall consider whether to offer the offending Juvenile participation in such interventions. The Facility may require participation in such interventions as a condition of access to any rewards-based</p> |

behavior management system or other behavior-based incentives, but not as a condition to receive general programming or education.”

(e) The State of Alabama Department of Youth Services PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXI. E., states, “Facilities may discipline a Juvenile for Sexual Conduct with staff only upon a finding that the staff member did not consent to such conduct.”

(f) The State of Alabama Department of Youth Services PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXI. F., states, “For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

(g) The State of Alabama Department of Youth Services PAQ states the agency prohibits all sexual activity between residents. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXI. G., states, “DYS prohibits all sexual activity between Juveniles and may discipline Juveniles for such activity. DYS, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity was consensual.”

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Prior Victimization 1 of 2; disclosure, dated, 8.31.20, 2.26.21 4. Prior Victimization 2 of 2; disclosure, dated, 8.12.20, 2.26.21 5. Prior Sexually Abusive 1 of 1; disclosure, dated 8.21.20 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Case Management staff 3. LPN 4. Targeted youth <p>Interviews with the targeted youth, PREA Coordinator, case manager and facility nurse demonstrated disclosure reports are reported to the mental health staff. Documentation of disclosures and follow up appointments are documented in youth files as was demonstrated by the youth file review.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been four residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.</p> <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 11, section IV. I., states, "In consultation with the psychology staff, the assigned case manager shall incorporate appropriate treatment goals and objectives into the Juvenile's service plan to address any identified issues. If the screening indicates that a resident has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the Juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening."</p> <p>The facility provided prior victimization for four youth and one disclosure of perpetrating, documenting the mental health follow up session with the clinician within 14 days. Additionally, the facility provided a spreadsheet documenting disclosure for prior victimization, with</p> <ul style="list-style-type: none"> · 2020 - three referrals, all Juveniles had mental health follow up within 14 days · 2021 – two referrals, each Juvenile had mental health follow up within 14 days or was offered; however, one refused. <p>(b) The State of Alabama Department of Youth Services PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there has been one resident who disclosed previously perpetrated sexual abuse, as indicated during the screening process.</p> <p>This measure is found compliant in provision (a) of this standards.</p> <p>The State of Alabama Department of Youth Services provided a clinician evaluation, demonstrating the facility follows up with Juveniles who have previously perpetrated sexual abuse, within 14 days of disclosure. Actual disclosure was completed on the same day as the intake.</p> <p>(c) The State of Alabama Department of Youth Services PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. State of Alabama Department of Youth Services PREA</p> |

Regulatory Guidelines, dated 3.31.2014, page 13, section IV. L., Any information related to Sexual Abuse, Sexual Victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments. Refer to PREA Form 115.341.2 Guidelines for PREA Shared Information.”

(d) The State of Alabama Department of Youth Services PAQ states, 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. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 13, IV. M., states, “Medical and mental health practitioners shall obtain informed consent from Juveniles before reporting information about prior Sexual Victimization that did not occur in an institutional setting, unless the resident is under the age of 18, using PREA Form 115.381 Clinical Services Treatment Consent Form.”

The facility provided a Clinical Services Consent to Treatment form with the 'Prior Sexually Abusive 1 of 1 documentation.

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. Revised Vacca Campus Youth Pamphlet, dated 6.23.21. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random youth 2. Targeted youth 3. Random staff 4. LPN <p>Interviews with the LPN and mental health staff, random staff and youth demonstrated that youth are aware of access to emergency medical and mental health services.</p> <p>Site Observation:</p> <p>During the tour of the medical department, the Auditor witnessed pamphlets regarding medical care for residents to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A.1., states, "Facilities shall offer medical and mental health evaluations as appropriate to all Juveniles who have been victimized by sexual abuse in any Juvenile Facility. Treatment of alleged victims within 72 hours of an incident shall occur as following: On-site nursing treatment for Sexual Abuse victims shall be limited to emergency measures only in order to stabilize the Juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken."</p> <p>(c) The State of Alabama Department of Youth Services PAQ states resident victims of sexual abuse while incarcerated are 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. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 24, section XVI, A.8.d.ii-ii, state, "Prophylactic treatment and follow-up for sexually transmitted diseases.</p> <ol style="list-style-type: none"> i. When the Juvenile returns to the Facility the on-site nursing staff shall ensure that the Juvenile victim receives testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the Rape crisis center/hospital, these tests shall be performed at the Facility. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the Facility contract physician. ii. The on-site nursing staff shall ensure that the Aggressor, if a Juvenile, receives testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, HPV, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the Facility contract physician. <p>Youth training, youth brochure, youth handbooks and youth posters do not explain services are free for youth. This language is now added to the revised Vacca Campus Youth Pamphlet, dated 6.23.21.</p> <p>(d) The State of Alabama Department of Youth Services PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 24, section XVI. A. 4., states, "Facilities shall offer all Juveniles who experience Sexual Abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFEs or SANEs."</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014

Interviews:

1. Random youth
2. Targeted youth
3. Random staff
4. LPN

Interviews with medical and mental health staff, random staff and youth demonstrated that youth are aware of access to emergency medical and mental health services. There were no youth who had reported sexual abuse.

Site Observation:

During the tour of the medical department, the Auditor witnessed pamphlets regarding medical care for Juveniles to include those specifically for sexual assault services, community therapeutic providers, and sexually transmitted diseases.

(a) The State of Alabama Department of Youth Services PAQ states the facility offers 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. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A.-A.1., states, "Facilities shall offer medical and mental health evaluations as appropriate to all Juveniles who have been victimized by sexual abuse in any Juvenile Facility. Treatment of alleged victims within 72 hours of an incident shall occur as following: On-site nursing treatment for Sexual Abuse victims shall be limited to emergency measures only in order to stabilize the Juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken.

(b) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 24-25, section A.5., states, "Facilities shall attempt to make available to the victim, a Victim Advocate from the Rape Crisis Center. If a Rape Crisis Center is not available to provide Victim Advocate services, the Agency shall make available to provide these services through a qualified staff member from a community-based organization or a Qualified Facility Staff Member that has received victim advocacy training. Such training shall be documented on PREA Form 115.321 Victim Advocate Receipt of PREA."

(c) This measure is found compliant in provision (b) of this standard.

(d) The State of Alabama Department of Youth Services PAQ states the Vacca Campus does not house female youth.

(e) The State of Alabama Department of Youth Services PAQ states the Vacca Campus does not house female youth.

(f) They State of Alabama Department of Youth Services PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 24, section XVI. 8.d.i-ii, states, "Prophylactic treatment and follow-up for sexually transmitted diseases.

i. When the Juvenile returns to the Facility the on-site nursing staff shall ensure that the Juvenile victim receives testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the Rape crisis center/hospital, these tests shall be performed at the Facility. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the Facility contract physician.

ii. The on-site nursing staff shall ensure that the Aggressor, if a Juvenile, receives testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, HPV, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the Facility contract physician.

(g) State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A.4., states, 'Facilities shall offer all Juveniles who experience Sexual Abuse access to forensic medical examinations

without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFEs or SANEs.”

(h) The State of Alabama Department of Youth Services PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. “State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 23, section XVI. A., states, “Facilities shall offer medical and mental health evaluations as appropriate to all Juveniles who have been victimized by sexual abuse in any Juvenile Facility. Treatment of alleged victims within 72 hours of an incident shall occur as following: On-site nursing treatment for Sexual Abuse victims shall be limited to emergency measures only in order to stabilize the Juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken.”

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. State of Alabama Department of Youth Services PAQ
2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014
3. PREA Form 115.386 Sexual Abuse Critical Incident Review Form, dated

Interviews:

1. Facility Administrator
2. Incident Review Team - PREA Coordinator, PREA Manager, Investigator

An interview with the Facility Administrator, PREA Coordinator and PREA Manager and the Agency Investigator demonstrated sexual abuse incident reviews take place after each Administrative and Criminal Investigation.

(a) The State of Alabama Department of Youth Services PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and zero administrative investigation of alleged sexual abuse completed at the facility. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXII A., states, "The Facility PREA monitor shall conduct a Sexual Abuse incident review using PREA Form 115.386 Sexual Abuse Critical 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."

The facility provided a template, PREA Form 115.386, Sexual Abuse Critical Review form, demonstrating the review process for each administrative investigation of alleged sexual abuse.

(b) The State of Alabama Department of Youth Services PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, zero criminal and zero administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 28. Section XXXIII. B., states, "Such review shall ordinarily occur within 30 days of the conclusion of the investigation."

(c) The State of Alabama Department of Youth Services PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

(d) The State of Alabama Department of Youth Services PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 28, section XXIII. D. 1-7, "states: The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, Transgender, or Intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the Facility;
3. Examine the area in the Facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the Facility head and DYS/contract service provider PREA Coordinator.

(e) The State of Alabama Department of Youth Services PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014, page 29, section XXIII. 7., states, "The Facility shall implement the recommendations for improvement, or shall document its reasons for not doing so."

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| 115.387 | Data collection |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 435 300">Document Review:</p> <ol data-bbox="242 329 1441 584" style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. SSVIJ_2019 – Survey of Sexual Victimization 2019-template 4. Abusive Sexual Contract, dated 01.01.2019 5. 2019_ssv5_collection, data <p data-bbox="242 613 1457 741">(a)/(c)-1,2 The State of Alabama Department of Youth Services PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="242 770 1466 869">State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 29, section XXV. A., states, Facilities shall collect accurate, uniform data for every allegation of Sexual Abuse at facilities under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions.”</p> <p data-bbox="242 898 1485 1025">(b) The State of Alabama Department of Youth Services PAQ states the agency aggregates incident-based sexual abuse data at least annually. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 29, section XXV. B., states, “Facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report.</p> <p data-bbox="293 1055 1050 1084">The facility web page provides aggregate data for years 2016 through 2020.</p> <p data-bbox="242 1113 1489 1240">(d) The State of Alabama Department of Youth Services PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 29, section XXV. C., states, “</p> <p data-bbox="242 1270 1473 1332">Facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and Sexual Abuse incident reviews “</p> <p data-bbox="242 1361 1481 1588">(e) The State of Alabama Department of Youth Services PAQ states the agency obtains incident-based and aggregated dated from every private facility with which it contracts for the confinement of its residents. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 30, section XXV. E., states, “Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department’s Survey of Sexual Violence, Form SSV-5. The Agency website provides the data described in this provision a the following link: DYS.ALABAMA.GOV/READ MORE/COMMUNITY/PREA/PREA ANNUAL REPORTS/PREA ANNUAL REPORTS 2018-2020</p> <p data-bbox="242 1617 1481 1747">(f) The State of Alabama Department of Youth Services PAQ states the Department of Justice has requested agency data for the year 2018 or 2019. The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes the format necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV), conducted by the Department of Justice.</p> |

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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 3. 2020 Annual PREA Report, with data from 2018-2020 4. 2020 Agency/Facility Annual Report <p>Interview/Site Observation:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>An interview conducted with the PREA Coordinator and review of the 2020 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency reviews 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, and training, including:</p> <ul style="list-style-type: none"> · Identifying problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 30, section, XXVI. A. 1-3, states, "The Agency PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the Agency Sexual Abuse prevention, detection, and response policies and practices, and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of findings and corrective actions for each Facility, as well as the Agency as a whole. <p>The above information can now be found at: DYS ALABAMA.GOV/READ MORE/COMMUNITY/PREA/PREA ANNUAL REPORTS/PREA ANNUAL REPORTS 2018-2020</p> <p>(b) The State of Alabama Department of Youth Services PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 30, section XXVI. B., states, "The Agency annual PREA report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Agency's progress in addressing Sexual Abuse."</p> <p>(c) The State of Alabama Department of Youth Services PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 30, section XXVI., C., states, "Each Agency's annual PREA report shall be approved by the Agency Executive Director and made readily available to the public through its website."</p> <p>(d) The State of Alabama Department of Youth Services PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014 page 30, section XXVI. D., states, "The Agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a Facility, but must indicate the nature of the material redacted."</p> |

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| 115.389 | <p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <ol style="list-style-type: none"> 1. State of Alabama Department of Youth Services PAQ 2. State of Alabama Department of Youth Services DYS Policy 13.8.1, PREA Regulatory Guidelines, dated 3.31.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Through interviews with the PREA Coordinator, she demonstrated the data is secured on the Agency's secure intranet with limited access to department supervisory staff. Aggregate, redacted data, is available on the agency website.</p> <p>(a) The State of Alabama Department of Youth Services PAQ states the agency ensures that incident-based and aggregate data are securely retained. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 31, section XXVII. D., states, "All case records associated with claims of Sexual Abuse, including incident reports, investigative reports, Juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the Agency record retention schedule or at least ten (10) years after the date of initial collection."</p> <p>Audit schedule for vendors needed to be uploaded to the agency website, to include audit cycles in which each vendor was audited. The above information can now be found at DYS.ALABAMA.GOV/PREA</p> <p>(b) The State of Alabama Department of Youth Services PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. State of Alabama Department of Youth Services PREA Regulatory Guidelines, dated 3.31.2014, page 31, section XXVII. B., states, "DYS shall 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."</p> <p>(c) The State of Alabama Department of Youth Services PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. This measure is found compliant in provision (a) of this standard.</p> |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for State of Alabama Department of Youth Services and the first year of the third audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The agency has posted the current 2020 PREA audit report, on their website. |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | 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 |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | 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 OR the response to 115.312(a)-1 is "NO".) | yes |

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.313 (c) | Supervision and monitoring | |
| | 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 only until October 1, 2017.) | yes |
| | 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 only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | 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) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | 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) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and 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? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | 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) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | 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? | yes |
| | 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? | yes |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | 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? | yes |
| | 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? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | 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? | yes |
| | 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: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | 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? | yes |
| 115.317 (a) | Hiring and promotion decisions | |
| | 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)? | yes |
| | 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? | yes |
| | 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 bullet immediately above? | yes |
| | 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)? | yes |
| | 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? | yes |
| | 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 two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

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| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | 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? | yes |
| | 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? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.) | no |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.) | no |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | 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? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication 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)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | 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? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | 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? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | 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? | yes |
| | 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? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | 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? | yes |
| | 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? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | 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? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | 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 |
| 115.332 (b) | Volunteer and contractor training | |
| | 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 |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

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| 115.333 (b) | Resident education | |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | 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? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | 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? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | 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 |

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| 115.334 (b) | Specialized training: Investigations | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | yes |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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.) | yes |
| | Do medical and mental health care practitioners contracted by and 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.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | 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 |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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 |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | 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? | yes |
| 115.342 (a) | Placement of residents | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | 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? | no |
| 115.342 (b) | Placement of residents | |
| | 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? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | 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? | yes |
| | 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? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | 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)? | yes |
| | 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? | yes |
| 115.342 (e) | Placement of residents | |
| | 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? | yes |
| 115.342 (f) | Placement of residents | |
| | 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? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |
| 115.342 (i) | Placement of residents | |
| | 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? | yes |

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| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | 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? | yes |
| 115.351 (b) | Resident reporting | |
| | 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? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | 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? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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. | no |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | 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 |
| | Does the agency always refrain from requiring an 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 |

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | 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 |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | 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 |
| | 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 |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | 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.) | yes |
| | 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.) | yes |
| | 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.) | yes |
| | 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.) | yes |
| | 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.) | yes |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | 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.) | yes |
| | 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.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | 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.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | 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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | 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? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | 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? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | 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 |
| 115.361 (d) | Staff and agency reporting duties | |
| | 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 |
| | 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 |

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| 115.361 (e) | Staff and agency reporting duties | |
| | 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 |
| | 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? | yes |
| | If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | 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? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | 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? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | 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 |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.364 (a) | Staff first responder duties | |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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 |
| 115.367 (a) | Agency protection against retaliation | |
| | 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? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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? | yes |

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| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | 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 |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | 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? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | 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? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | na |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.373 (d) | Reporting to residents | |
| | 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? | yes |
| | 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? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | 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? | yes |

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| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | 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? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | 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? | yes |
| | 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? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | 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? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for 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.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | 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? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | 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? | yes |

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| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | 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? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | 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? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | 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? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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.) | yes |

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| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | 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? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.388 (a) | Data review for corrective action | |
| | 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? | yes |
| | 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? | yes |
| | 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? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

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| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | 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 |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | yes |
| | 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 |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |