PREA Facility Audit Report: Final

Name of Facility: Mt. Meigs Campus
Facility Type: Juvenile
Date Interim Report Submitted: 08/03/2022
Date Final Report Submitted: 12/14/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	■
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	■
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.	■
Auditor Full Name as Signed: Kimbla Newsom	**Date of Signature:** 12/14/2022

AUDITOR INFORMATION	
Auditor name:	Newsom, Kimbla
Email:	kimbla@justusadvocacy.com
Start Date of On-Site Audit:	06/20/2022
End Date of On-Site Audit:	06/22/2022

FACILITY INFORMATION	
Facility name:	Mt. Meigs Campus
Facility physical address:	1000 Industrial School Road, Montgomery, Alabama - 36057
Facility mailing address:	PO Box 66, Mt. Meigs, Alabama - 36057

Primary Contact	
Name:	R. MaChea' Jones
Email Address:	machea.jones@dys.alabama.gov
Telephone Number:	334.399.1589

Superintendent/Director/Administrator	
Name:	Marique Ruffin
Email Address:	Marique. Ruffin@dys.alabama.gov
Telephone Number:	334.215.6008

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Beverly Murrell
Email Address:	Beverly.Murrell@dys.alabama.gov
Telephone Number:	334.215.6087

Facility Characteristics	
Designed facility capacity:	172
Current population of facility:	116
Average daily population for the past 12 months:	112
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:	13-21
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	168
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	46
Number of volunteers who have contact with residents, currently authorized to enter the facility:	23

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:	R. Machea' Jones	**Email Address:**	machea.jones@dys.alabama.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
0	

Number of standards met:
43

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-20
2. End date of the onsite portion of the audit:	2022-06-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	During the pre-onsite audit phase, the Auditor reached out to four (4) community-based or victim advocate organizations via phone and/ or email to include: Alabama Coalition Against Rape, Lighthouse Counseling Center, One Place Family Justice Center, and Family Sunshine Center. The Auditor received one response via email, and that organization disclosed they were not made aware of any sexual abuse or sexual harassment incidents at Mt. Meigs Campus in the past 12 months.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	172
15. Average daily population for the past 12 months:	112
16. Number of inmate/resident/detainee housing units:	13

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	115
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	During the pre-onsite audit phase the Auditor reviewed the PAQ and requested a list of the entire resident population to be provided two days prior to the onsite audit visit. A list of all residents to include their name, race, date of birth, date of entry, and dorm assignment was provided by the PREA Coordinator on June 18, 2022. On day one of the onsite audit, the Auditor inquired of any changes or updates to the roster with respect to the resident population characteristics. The PREA Coordinator verbally notified the Auditor there were two residents present at the facility with an intellectual disability, one resident who identified as gay, and two residents who disclosed prior victimization during their risk screening. The PAQ indicated 0 residents who reported abuse in the facility; however, during random resident interviews, 1 resident disclosed he made a report to staff of a resident-on-resident sexual abuse incident that occurred within the past 12 months.

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

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	168
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	23
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	46

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The first day of the onsite audit was a federal holiday; and thus, majority of executive leadership were not present. An entrance conference occurred with the PREA Coordinator and Campus Administrator. Staff and contractors on campus were inclusive of Youth Services (YS) Specialists, YS Case Managers, YS Aides, Senior Aides, Team Leaders, Team Coordinators, DYS Registered Nurse (RN), contract LPNs and RNs, Psychology Associates, YS Security Officers, Security Guards, Plant Maintenance, and YS Program Specialists. Executive leadership and Education staff from the LB Wallace School were present on day two and three of the initial onsite audit. There were no volunteers (i.e., advisory board members, religious leaders, and "TRBC" members) present at the facility during the initial onsite visit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Upon receiving the roster of residents the Auditor utilized an online random number generator (i.e., calculator.net) to select residents for interview and ensured all housing units were covered. The Auditor also made sure to include a range of racial-ethnic groups for interview, a range of length of stays of residents, and a range of ages of the resident population were considered for the random interviews. The Auditor had an original list of residents selected at random for interview and a back-up list ready in the event youth selected were no longer present or refused to be interviewed.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor oversampled random residents (i.e., 20) to make up for the targeted resident interview populations that were reported to the Auditor as not being present during the initial onsite audit review. During the CAP period, additional residents were selected at random and interviewed during the follow-up onsite audit visit that occurred November 14-15, 2022. The Auditor selected at least one resident from each housing unit on campus during the follow-up onsite audit visit with a total of 10 residents being interviewed during that follow-up site visit. One resident had been released over the weekend during the initial onsite audit visit; therefore, a resident from the Auditor's back-up interview list was selected for interview. During the follow-up onsite visit in November, one resident selected at random for interview was released; therefore, another resident was selected at random by the Auditor for interview. All resident interviews for the follow-up onsite visit occurred in a staff office in the school building. During the initial onsite audit three residents were interviewed via Zoom due to their housing units being on quarantine due to COVID-19 precaution. The remaining resident interviews were conducted in the in the administration building on campus or on the housing units.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5

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

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared by the PREA Coordinator on the first day of the onsite audit. During informal discussions with intake and medical staff the Auditor inquired about staff's knowledge of any current residents with physical disabilities. Staff could not recall any current residents with physical disabilities on campus. During the tour of the campus the Auditor observed the youth population on each housing unit and had informal discussion with residents while walking around campus. The Auditor did not notice or encounter any residents with physical disabilities during the onsite portion of the audit visit.

61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared on the first day of the onsite audit. During interviews with intake staff, the Auditor inquired about staff's knowledge of any current residents, or those in the past 12 months, who were Blind or had low vision. The intake staff could not recall any residents that were Blind and indicated any residents with vision problems would be seen by medical staff to ensure they were examined for corrective lenses if necessary. Informal discussions with medical staff revealed no known residents who were Blind and medical staff reported that any youth needing prescription lenses would be provided with them during their stay.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared on the first day of the onsite audit. During interviews with intake staff, the Auditor inquired about knowledge of any current residents, or those in the past 12 months, who were Deaf or hard-of-hearing. The intake staff could not recall any residents that were Deaf and indicated any residents with hearing problems would be seen by medical staff to ensure they were examined for hearing aides if necessary. Informal discussions with medical staff revealed no known residents who were Deaf and medical staff shared that any youth needing hearing aides would be provided with them during their stay.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared on the first day of the onsite audit. During random interviews with residents the Auditor asked several youth if they knew of any residents who did not speak English, or that English was not their first language. None of the residents reported knowing of any LEP residents and the same responses were also provided by some Youth Services Specialists during random staff interviews.
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared on the first day of the onsite audit. During interviews with random staff the Auditor inquired about any transgender or intersex residents, and staff could not recall any such residents at the facility. The Auditor also inquired about transgender and intersex residents with medical staff and none could recall any such residents in the facility in recent years.

67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Auditor cross-referenced information provided on the PAQ with that shared on the first day of the audit. During targeted interviews with residents, the Auditor inquired about being placed in segregated housing. None of the residents reported being placed in isolation or segregated housing as a result of their sexual orientation or reporting sexual victimization. During interviews with staff, none reported youth being segregated due to risk of sexual victimization. During the site tour, there were some residents placed in segregated housing for non-PREA-related reasons. The Auditor conducted informal interviews with two residents in segregated housing to find out about education, clinical, large muscle exercise, and visits from upper-level staff. Both residents informally interviewed in segregated housing indicated they receive education, clinical, and large muscle exercise on a daily basis and that supervisory staff visit them at least once per day.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Auditor oversampled a random selection of residents for interview due to the facility reporting 0 residents for some of the targeted categories. During the random resident interviews the Auditor was able to identify one resident who reported sexual abuse that was not disclosed on the PAQ. The Auditor conducted a follow-up onsite visit during the corrective action phase and selected 10 residents at random to interview to include at least one resident from each of the housing units. The Auditor was able to interview all residents in a confidential location and none of the residents selected for interview refused to talk with the Auditor.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Due to the Mt. Meigs facility only having male residents, the Auditor ensured a equal representation of female staff were selected for interview to triangulate information reviewed, observed, and discussed with residents, YSAs, and leadership regarding cross-gender searches.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor was able to talk to all but one staff selected at random for interview. The staff person that was selected but not interviewed was out sick during the onsite portion of the audit. The Auditor selected another staff person who was on the Auditor's back-up list of staff chosen in the event original selections were not available or unwilling to be interviewed. All staff present at the facility and selected for interview agreed to speak with the Auditor and all interviews occurred in a confidential manner.

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	25
76. Were you able to interview the Agency Head?	(●) Yes ( ) No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☑ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff

	☑ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☑ Other
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	Contract staff who were present and interviewed during the initial onsite audit visit included medical and clinical personnel. There were no volunteers present at the facility during the initial onsite audit phase. During the corrective action period, the Auditor was provided with a list of all Mt. Meigs volunteers that included information on their affiliated organization. The Auditor returned to the Mt. Meigs campus on November 14-15, 2022, for a follow-up visit and four volunteers (i.e., advisory board member, religious, two TRBC volunteers) were contacted for interview via phone by the Auditor. The Auditor was able to successfully interview 2 (i.e., religious, TRBC) of the 4 volunteers selected at random. The ADYS PREA Coordinator also serves at the Mt. Meigs PREA Compliance Manager. The agency does not permit cross gender strip or visual searches and it contracts with organizations outside the facility for SAFEs/SANEs. Finally, the local sheriff's office conducts all criminal investigations for the agency.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the initial onsite visit, two housing units were on COVID-19 restriction and one unoccupied unit was under construction; therefore, the Auditor was not able to tour these dorms. During the corrective action period, the Auditor was able to return to the Mt. Meigs campus on November 14-15, 2022, and visited the housing units that were on COVID-19 restriction. The Auditor was also able to tour the intensive treatment unit (ITU). The ITU was under construction during the initial visit but near completion during the corrective action follow-up visit by the Auditor. Finally, the Auditor also spoke with the IT Manager and was informed of 598 security cameras placed throughout the Mt. Meigs campus.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the initial onsite audit, the facility indicated on the PAQ there were 0 incidents of sexual abuse and/or sexual harassment reported or investigated during the review period, and thus, the Auditor requested to review investigative files for the 1-year period proceeding the audit review period. As a result of the Auditor reviewing the investigative tracking logs, it was determined that some entries were mislabeled and there was in fact PREA-related incidents investigated for the Mt. Meigs campus. The Auditor examined Mt. Meigs hard copy investigations files during the initial onsite audit as well as during the follow-up onsite audit visit that occurred November 14-15, 2022. The Auditor selected staff, contractor, and volunteer training records at random for review during the onsite portion of the audit. Additionally, the Auditor selected staff, contractor and volunteer background check records at random from rosters provided by Mt. Meigs officials. The Auditor examined supervisory logs, risk screening and intake processing records, resident education records, medical and mental health records for the review period.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	1	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no investigation files observed that involved resident-on-resident sexual harassment, resident-on-staff sexual harassment or staff-on-resident sexual harassment during the review period. Additionally, Mt. Meigs officials did not report on the PAQ any incidents of sexual harassment involving residents during the review period. On the first day of the initial onsite audit visit the Auditor inquired about the numbers provided on the PAQ and the PREA Coordinator confirmed the information was accurate.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Auditor was able to review the ADYS Investigation's Division electronic tracking logs for incidents referred to and investigated by investigative staff for all of its campuses. Additionally, the Auditor was able to review investigative files specific to the Mt. Meigs campus. The investigative staff reported there were no criminal investigations that occurred as it relates to PREA incidents at the Mt. Meigs campus. The information provided by investigators regarding sexual harassment incidents was consistent with information documented on the PAQ.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

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
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Alabama Department of Youth Services Policy 13.8: Protections Afforded Youth · PREA Form 115.311 PREA Fact Sheet, · Agency Organization Chart, and · Agency Memorandum dated 6/16/21 to “All DYS and Private Provider Facilities” from the Executive Director, Re: DYS PREA Coordinator 2. Interviews/Discussions with: · Agency Head (Executive Director) · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Campus Administrator · Random Resident (1) **Analysis and triangulation of information**: this standard requires the agency to have a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Mt. Meigs PAQ completed by agency officials indicates the agency’s zero-tolerance policy for sexual abuse and sexual harassment is in the form of DYS Policy and Procedures 13.8.1. The Department of Youth Services Policy and Procedures 13.8.1 outlines how the agency deals with preventing, detecting, and responding to sexual abuse and harassment. This policy applies to all DYS personnel; and facilities owned, licensed,

	or operated by a contract service provider. The policy includes a list of 23 definitions that contains sexual abuse (assault), sexual conduct, sexual misconduct, rape, sexual victimization, as well as sexual harassment. The Department of Youth Services description of sexual abuse encompasses several terms; therefore, they have been labeled below: 1. Sexual Abuse (Assault) – any contact between the sex organ of one person and the sex organ, mouth or anus of another person, or any intrusion of any part of the body of one person, or of any object into the sex organ, mouth or anus of another person, by the use of force or threat of force. 2. Sexual Conduct – any act of intercourse between persons; or any other physical contact with a person's unclothed genitals, pubic area, buttocks, breast or breasts of a female, whether alone or between members of the same or opposite sex in an act of sexual arousal, gratification, perversion or abuse. 3. Sexual Misconduct – any behavior or act of a sexual nature directed toward a Juvenile by an employee, contract staff, or volunteer. Such acts or behavior include acts or attempts to commit acts of Sexual Abuse (Assault), Sexual Conduct, unlawful sexual relations, Sexual Harassment, occurrences of indecent exposure, or staff voyeurism for sexual gratification. It also includes conversations and correspondence that demonstrate or suggest a romantic or intimate relationship between a youth resident and the employee, contract staff or volunteer. The legal concept of "consent" does not exist between departmental employees and Juveniles: any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary and/or to prosecution under the law. 4. Sexual Victimization – a collective term used to describe any acts of sexual violence perpetrated against a Juvenile 5. Rape – any DYS/contract service provider employee who engages in Sexual Conduct with a person who is in the custody of the Department of Youth Services is guilty of Rape. Any person, Juvenile or adult, who engages in sexual intercourse, including deviate sexual intercourse with a member of the opposite or same sex by forcible compulsion, a guilty of Rape. The Agency Head was interviewed, and he acknowledged a memorandum from his office to "All DYS and Private Provider Facilities" that was dated 6/16/21. The agency's PREA Coordinator is identified in the memo along with her responsibilities. The memo also includes information affirming the Alabama Department of Youth Services position of zero tolerance toward sexual abuse and harassment at all its facilities. The PREA Form 115.311 PREA Fact Sheet is a synopsis of the Prison Rape Elimination Act standards along with links to additional resources. A hard copy of the organization chart signed and dated for 6/3/22 was provided to

	the auditor. The organization chart has a dotted line from the PREA/ACA Coordinator to the Office of Licensing and Standards and this chart was observed on the agency website. The PREA Coordinator was interviewed, and she informed the auditor that she [PREA Coordinator] reports to the Administrator of Community Services; however, she has direct access to the Executive Director as it relates to her duties. The PREA Coordinator indicated she also serves as the Mt. Meigs PREA Compliance Manager. The PAQ signified the agency has two (2) PREA Compliance Managers that report directly to the PREA Coordinator, and this was confirmed in discussions with the PREA Coordinator. She stated that her team have sufficient time and authority to perform their duties. The Mt. Meigs Campus Administrator indicated the PREA Coordinator has been authorized to work with facility staff from various departments on campus in its efforts to comply with the PREA standards. Language in the DYS Policy and Procedures 13.8.1 regarding the person responsible for PREA compliance at the agency, is consistent with other documentation reviewed as well as interviews with agency and facility leadership. The PREA Coordinator informed the auditor of vacancies in some agency leadership positions and restructuring. Once such positions have been filled, it is recommended the organization chart be updated to reflect the DYS Office of which the PREA Coordinator reports. During random resident interviews a youth disclosed that he was touched on his buttocks by another resident and the contact was not a result of a fight between the two residents. The alleged victim informed the auditor that a verbal report was made to his team leader regarding the alleged incident. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency, does not meet Standard 115.311 due to not complying in all material ways with this standard:** The PREA Juvenile Facility Standards provides a definition of both sexual abuse and sexual harassment that include a wide range of incidents that vary in severity. The DYS definition of sexual conduct as outlined in DYS Policy and Procedures 13.8.1 does not capture the entire range of incidents for sexual abuse as identified in PREA Juvenile Facility Standard §115.6 Definitions related to sexual abuse. A resident divulged to the auditor that he was touched by another resident directly on his buttocks and the contact was not due to an altercation. This incident does not meet the agency’s definition of sexual conduct; however, it does meet the PREA Juvenile Facility Standards definition of sexual abuse, and thus should have received a complete administrative investigation. According to PREA Juvenile Facility Standards §115.6 Definitions related to sexual abuse, it indicates on page 8, sexual abuse of a

resident by another resident includes “(4) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.” The agency defines sexual conduct as “any act of intercourse between persons; or any other physical contact with a person’s unclothed genitals, pubic area, buttocks, breast or breasts of a female, whether alone or between members of the same or opposite sex in an act of sexual arousal, gratification, perversion or abuse.”

Corrective action recommended for substantial compliance with PREA standard 115.311:

The agency (i.e., DYS) will need to revise its definition of “sexual conduct” to include the wide range of incidents that are defined as sexual abuse according to the PREA Juvenile Facility Standards. Specifically, the DYS definition of sexual conduct:

1. Stipulates touching of a person’s “unclothed genitals, pubic area, buttocks, breast, or breast of a female.” In contrast, the PREA definition of sexual abuse denotes “directly or through the clothing” of these body parts. Additionally, the PREA definition does not specify “breasts of a female.” As a result of DYS itemizing a category for females, it excludes breasts of transgender and intersex residents.

2. Does not distinguish exclusionary behaviors by type of abusers (i.e., residents versus staff/contractor/volunteers). The PREA definition of resident-on-resident sexual abuse only excludes “contact incidental to a physical altercation.” The DYS description does not include this language in its definition of sexual conduct.

An alternative to revising the agency’s definition of sexual conduct would be to adopt the verbatim PREA definition of sexual abuse, as defined on page 7-8 of the PREA Juvenile Facility Standards §115.6 Definitions related to sexual abuse. This would ensure that all elements of the PREA definition of sexual abuse is captured in the agency’s zero tolerance policy.

During the post-audit evidence review period, the PREA Coordinator did provide a copy of Alabama Department of Youth Services Policy 13.8 and its subject is “Protections Afforded Youth.” This policy does include the same definition of sexual abuse as per PREA Juvenile Facility Standards. The Alabama Department of Youth Services should consider this same language for its official zero tolerance policy toward all forms of sexual abuse and sexual harassment (i.e., DYS Policy and Procedures 13.8.1). This will ensure that all allegations of sexual abuse will receive a prompt investigation.

Corrective Action (Phase 4) Follow-Up: During the corrective action phase of the audit Alabama Department of Youth Services (ADYS) made a revision to the

	agency's official zero tolerance Policy, *DYS Policy and Procedures 13.8.1.* The revised zero tolerance policy that was signed by the ADYS Executive Director on August 19, 2022, reflects a change to definitions on pages 2-4. The Agency removed its definition of *sexual conduct* and added the full definition of *sexual abuse* according to PREA Juvenile Facility Standards. Based on the revisions made to DYS Policy and Procedures 13.8.1, the Auditor has determined the facility meets PREA Standard 115.311.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and · Agency Contracts for Placement Services for Children, and · Agency Website 2. Interviews/Discussions with: · Agency Contract Administrator (General Counsel) · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager **Analysis and triangulation of information**: this standard requires the agency that contracts with outside organizations for confinement of residents, to ensure those contractors adopt and comply with the PREA standards. The Mt. Meigs PAQ completed by agency officials indicated the agency's standard for contracting with organizations providing placement services for children, is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicates the agency had 8 contracts for the confinement of residents. The auditor reviewed 6 contracts that were uploaded to the PREA Online Audit System (OAS) with each contract having language that contractors will "comply with PREA Act of 2003 and self-monitoring requirements." The contracts to provide placement services for children also included language of there being "DYS announced and unannounced compliance monitoring." Review of the agency website revealed 7 contract facilities had a PREA audit in 2020, and 2 contract facilities had a PREA audit in 2021.

	The DYS Policy and Procedures 13.8.1. states “all DYS and contract service provider facilities with whom DYS contracts for the confinement of juveniles will be audited by a certified PREA Auditor in accordance to the PREA Audit schedule, and found compliant following the 180-day corrective action plan in order for DYS to be able to continue to utilize their services.” The designated Contract Administrator was interviewed, and he confirmed that all new contracts or contract renewals signed on or after August 20, 2012, has standard language regarding compliance with PREA standards. The auditor requested an additional contract for review during the interview. The contract was provided, and it included PREA compliance language as in the others reviewed. The auditor inquired about agency monitoring of PREA compliance for these contracts and it was reported that such monitoring is conducted by the agency PREA Coordinator. The Contract Administrator also disclosed that the Division of Community Services also conducts monitoring of agency programs. The PREA Coordinator/Mt. Meigs Compliance Manager was interviewed. She ensures that contract residential providers receive a PREA audit during the agency’s 3-year audit cycle. The PREA Coordinator informed the auditor that she visits all state-operated and contract facilities prior to scheduled audits, conducts meetings with these sites, provides and receives information from these facilities throughout the year. She maintains email correspondence and travel documents for her PREA-related site visits to these facilities. The PREA Coordinator also assists in preparing information needed for the Governor to certify compliance with the PREA standards for all facilities under her operational control. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.312: based on complying in all material ways with this standard for the review period.**

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.313 Supervision Monitoring Logs – Meigs, · Form 3.13.1 Secure Facility Vulnerability Assessment, · 115.313.2 Annual Facility Staffing Assessment, and · Security Affidavit Counts (2021 – 2022) 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Intermediate/Higher-Level Facility Staff (3) · Security Staff 3. Site Review/Observations: · Observations of youth and staff in campus programming or on housing units · Informal discussions with facility staff and residents · Review of unit logbooks · Review of video surveillance

	Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The Mt. Meigs PAQ indicates the facility's supervision and monitoring plan is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicated DYS had an average daily population of 112 youth during the past twelve months with no deviations being reported from the 1:8 staff-to-resident ratio during the entire review period. During the site review the auditor observed adequate staffing levels between youth and staff in housing units, in the cafeteria as well as other structured activities on campus. During the random interviews with both residents and staff it was reported that staffing levels are consistently maintained on each shift. Staff indicated they may have to work overtime or flex shifts to ensure there are no deviations from the 1:8 required minimum ratios during waking hours. The DYS Policy and Procedures 13.8.1 indicates "annually, every DYS and contract service provider 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." A sample of security affidavit counts were reviewed that include information on the housing unit, its population, and total staffing. This affidavit is signed by a security officer at the gatehouse. Appropriate staffing levels were observed for seven months of security affidavit counts logs selected for random review for 2021, and for 4 months of security affidavits counts reviewed for 2022. Informal interviews with security staff at the gatehouse revealed that head counts are conducted and called in to the gatehouse. The auditor was able to view video surveillance in the gatehouse, with gatehouse staff showing how they monitor activity on campus. Interviews with the PREA Coordinator and Campus Administrator revealed there is an annual review of the staffing plan. A copy of the annual facility staffing assessment for 2022 was requested by the auditor. This document captures all the elements required in a staffing plan per the PREA standards. It was reported that information from the secure facility vulnerability assessments conducted by higher level facility staff is considered when updated the staffing assessment. A random selection of completed vulnerability assessments from 2021 and 2022 for several housing units were reviewed. A few assessments reviewed had recommendations to add cameras in blind spot areas or improved lighting. The annual facility staffing assessment completed on June 22, 2022 includes signatures from the Facility Chief of Security, Campus Administrator, Assistant Administrator of Institutional Services, Deputy Director of Institutional Services, and the Agency PREA Coordinator.

During the site review the auditor conducted informal interviews with staff on housing units to inquire about staffing levels and upper-level staff conducting unannounced rounds. It was revealed in those informal interviews the 1:8 ratio is always followed and that unannounced rounds are completed on all shifts. A review of the unit shift logs did for the most part have comments and initials from intermediate and upper-level staff of unannounced rounds. Names on the shift logs were cross referenced with the “staffing plan” document provided to the auditor that includes the employee’s name, title, and location assignment. In the instances where rounds were not documented in the logbook, the auditor was informed that some of the supervisors document their rounds on their supervisory monitoring log. Observations of staffing levels during the site review for the most part appeared to be adequate, with Youth Service Aides (YSAs) being engaged with residents, facilitating activities, and providing close supervision. The auditor did observe one instance of a resident exiting the cafeteria alone; however, the group that he was assigned to was not far off. The Campus Administrator monitored the resident until he caught up to his group.

The auditor examined several completed supervisory monitoring logs (i.e., PREA Form 115.313) that were conducted by intermediate and upper-level facility staff. During interviews with Intermediate and Higher-level staff all indicated these rounds are performed randomly throughout their shift. These staff document their rounds, and then send the typed and completed monitoring logs to their supervisor. Intermediate/Upper-level staff stated, they do not announce on the radios when they are making their rounds to prevent staff from knowing they are conducting a visit to the housing units. Intermediate or higher-level facility staff did not report any concerns or issues with YSA’s (i.e., staff primarily responsible for the supervision and control of residents) alerting YSAs from other housing units about unannounced rounds occurring. The auditor did observe upper-level staff entering housing units during the site review. The upper-level staff were observed having discussions with residents and staff and one was observed signing the unit logbook. Radios were being used by staff as well as phones on the housing units to communicate with others on campus.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.313: based on complying in all material ways with this standard for the review period.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020, · Form 115.315 Cross-Gender Searches, · Facility Staff Training Records 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Staff (13) · Random Residents (20) 3. Site Review/Observations: · Observations of youth and staff in programming or on housing units · Informal discussions with facility staff and residents **Analysis and triangulation of information**: this standard requires facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or when done by medical practitioners. The Mt. Meigs PAQ completed by agency officials indicates the facility's procedure for cross-gender viewing and searches is outlined in DYS Policy and Procedures 13.8.1.

	The Mt. Meigs PAQ indicated there were 0 cross-gender pat searches, strip searches or visual body cavity searches conducted by non-medical staff during the past 12 months. The Pre-Audit Questionnaire also indicates there were 0 cross-gender pat searches of residents during the review period. Further, the PAQ denotes that 100% of all security staff have received training on conducting cross-gender pat-down searchers and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The DYS Policy 13.8.1. indicates only during exigent circumstances will cross-gender searches of all kinds be conducted by non-medical facility staff. Such searches should they occur, would be documented on the facility cross-gender searches form. The review of logs of pat-down and strip searches did not indicate any cross-gender searches of any kind by non-medical personnel. Female staff selected for a random interview confirmed they do not conduct cross-gender searches of any kind, however, they have received training on conducting searches. It was also revealed in random staff interviews that facility staff do not conduct searches of transgender or intersex youth to determine their genital status. Facility staff did report they received training on professional and respectful searches of transgender and intersex residents. Staff were not aware of any transgender or intersex residents being assigned to the facility within the past 12 months. During youth interviews, majority indicated that female staff announce their presence when entering a housing unit and that residents are never viewed by female staff when they are showing, clothing, or using the restroom. As the auditor entered the housing units, the Campus Administrator or staff opening the unit door would announce “female on unit.” The announcement was loud enough for all residents to hear, with most turning to the door to see who was entering. During the random resident interviews none of the youth reported being searched by a female staff and that all strip searches are conducted in a private area such as the restroom to avoid being viewed by other residents. Residents reported that they are required to change in the bathroom or shower area. Staff confirmed that residents are free to shower, change clothes, and use the restroom without being viewed by staff of the opposite gender. During the site review the auditor observed locations of toilets, showering areas and youth rooms. All these areas were free of cameras. Further, no youth were in common areas of the facility without being fully clothed. Additionally, review of the video surveillance footage revealed limited viewing of youth in restroom and shower areas. In instances where surveillance did cover these areas, the actual toilet and

	lower half of the shower area was grayed out on the surveillance cameras so the viewer could not see that portion. Surveillance was also viewed at the gatehouse and there were no instances where a viewer could see a youth changing, showering, or using the restroom due to the placement of cameras. The PREA Coordinator and Campus Administrator indicated there were no transgender or intersex residents placed at the facility during the onsite audit. Review of training materials such as the PREA PowerPoint 2020, displayed information on cross-gender searches and communicating with transgender and intersex residents. Training records of employees, volunteers and contractors completing PREA web-based training occurred for all staff files selected for random review by the auditor. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.315: by complying in all material ways with this standard for the review period.**

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Pamphlet 115.333LF, · DYS Pamphlet 115.333S, · Visual Language Professional LLC agreement, · Resident PREA Educational Materials - Braille · Resident PREA Posters (in both English and Spanish) 2. Interviews/Discussions with: · Agency Head (Executive Director) · PREA Coordinator/Mt. Meigs PREA Compliance Manager · Residents with Disabilities (2) 3. Site Review/Observations: · Observations of PREA materials displayed in housing units **Analysis and triangulation of information**: this standard requires agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The Mt. Meigs PAQ completed by agency officials indicated the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in DYS Policy and Procedures 13.8.1.

	DYS Policy and Procedures 13.8.1 indicates “facilities shall not rely on resident interpreters, resident readers, or other types of Juvenile assistants except in exigent 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 allegation.” The Executive Director informed the auditor there are procedures in place to provide residents with disabilities and limited English proficiency the opportunity to participate in efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Information supplied with the Mt. Meigs PAQ signified two contracts for services to assist residents with disabilities and those who are limited English proficient. A contract with Visual Language Professional, LLC was reviewed, and it indicated this organization would provide interpreter/translator services for three campuses to include Mt. Meigs with those services being on-site, over-the-phone, video remote interpreting services and document translation services. PREA educational materials were available in braille for residents who are blind. The PREA Coordinator/Mt. Meigs Compliance Manager did not report any youth at the facility who were blind during the onsite audit. Resident education material in braille was observed on several housing units to include the orientation unit. PREA education was also available in the form of a pamphlet in Spanish and was also observed in common areas of housing units during the site review. The PREA pamphlet was examined by the auditor for lower functioning residents. This pamphlet included the same-type information as in the resident PREA poster that was written in English. The PREA Coordinator/Mt. Meigs Compliance Manager informed the auditor of two youths identified with disabilities. These residents were interviewed, and they both indicated the information provided to them on PREA was easily understood, and that staff read out all the information to them as well as provided copies. In interviews with both residents and facility staff, majority consistently reported that residents are not used as interpreters for other residents. The PAQ also indicated 0 instances where resident interpreters, readers, or other types of resident assistants were utilized. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.316: by complying in all material ways with this standard for the review period.**

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Mt. Meigs Roster of Employees by Position and Department, · 115.317 PREA Employment/Appraisal Questionnaire Forms, and · DHR-FCS-1598 Child Abuse/Neglect (CA/N) Central Registry Clearance Forms 2. Interviews/Discussions with: · Administrative Staff (Human Resources Director) · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager **Analysis and triangulation of information:** this standard requires agencies to conduct criminal background checks of employees and contractors who may interact with residents. The Mt. Meigs procedure for hiring and promotions of staff is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procures 13.8.1 indicates in Section II (D): the agency shall “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. Facilities shall set up a spreadsheet sorted by driver’s license expiration dates, and after the initial background check, run the background check again the month after the driver’s license expires.” The policy goes further to state that “this spreadsheet shall be maintained by the facility Compliance Manager and at the first of every month an email message would be sent by each DYS operated facility to the Central Office Human Resources Office requesting a background check for the

	individuals needing background checks for the month." The hire and promotions procedures outlined in the agency policy is very comprehensive and covers all the elements required of this standard. The Mt. Meigs PAQ indicated the following with respect to employees, contractors, and volunteers: o Number of staff currently employed at the facility who may have contact with residents = 168 o Number of staff hired by the facility during the past 12 months who may have contact with residents = 45 o Number of contracts in the past 12 months for services with contractors who may have contact with residents = 3 o Number of individual contractors who have contact with residents, currently authorized to enter the facility = 46 o Number of volunteers who have contact with residents, currently authorized to enter the facility = 23 The Pre-Audit Questionnaire also indicates 46 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor did bring this reported number to the attention of the PREA Coordinator to verify and make any necessary changes to the PAQ. An interview with the Human Resources Director revealed that all employees hired as well as contractors, are required to complete agency background checks. It was reported that the investigation department completes a portion of the background checks (i.e., National Crime Information Center-NCIC) and the human resources department completes the remaining portion. The human resources department initiates the request for the NCIC check to be completed by the investigation's division. The investigation department then notifies human resources via email if persons has been cleared via the NCIC. The human resources representative initiates the DHR-FCS-1598 form for each prospective employee and again at least every five years. It was also reported during the interview with the Human Resources Director that all employees complete an annual acknowledgment form (i.e., PREA 115.317) to affirm they have not engaged in sexual abuse in a correctional facility, nor any convictions (nor civil or administrative adjudications) of engaging or attempting to engage in sexual activity in a facility or institution. The auditor requested a copy of the Mt. Meigs employee roster as well as a list of all

	contract staff and volunteers who may have contact with residents. Based on the rosters provided by the PREA Coordinator the auditor randomly selected 30 staff files for review. The Human Resources Director provided a folder with the requested background check information. The records of 15 employees examined did not indicate whether the employee had been fully approved via central registry clearance. The last section of the DHR-FCS 1598's form is "to be completed by DHR," with results of either a "substantiated report", "no report located", "request denied", or "other." This section was yet blank for 15 of the records provided for review. The remaining files provided had all section competed on the DHR-FCS 1598 form with a finding of "no report located." Additionally, emails of NCIC checks and clearances were observed in the documentation provided. Further, the annual employment/appraisal questionnaire (i.e., PREA Form 117.317) was observed with staff signatures in all the records provided. During the post-audit evidence review period, Mt. Meigs officials provided documentation (i.e., DHR-FCS 1598) of the central registry check clearance for the 15 staff records that were incomplete during the onsite audit. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.317: by complying in all material ways with this standard for the review period.**

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Security Vulnerability Assessments, and · Mt Meigs Camera Diagram 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Agency Head (Executive Director) · Upper-Level Staff (3) 3. Site Review/Observations: · Observations of areas with video surveillance on campus · Observations of areas under construction on campus **Analysis and triangulation of information**: this standard requires the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The Mt. Meigs PAQ completed by agency officials indicates the facility's standard regarding upgrades to facilities and technologies is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ denotes the facility had either installed or updated its video

	monitoring system, electronic surveillance system, or monitoring technology in the past 12 months. This information was confirmed during discussions with the Executive Director and PREA Coordinator/Mt. Meigs Compliance Manager. The DYS Policy and Procedures 13.8.1. indicates that “when designing or acquiring a 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.” The facility was undergoing construction at its new intensive treatment unit (ITU) and school building, of which both were having cameras installed or had been installed within the past twelve months. A tour of the school was conducted, and cameras were observed throughout the building. It was also reported to the auditor by the Executive Director the video monitoring system had been upgraded, using a new server and that prevention, detection and monitoring of PREA-related incidents were considered prior to these upgrades taking place. During discussions with the PREA Coordinator and Campus Administrator it was disclosed that information from the secure facility vulnerability assessment completed by upper-level staff is considered when making upgrades or adding additional surveillance equipment. Night vision cameras and/or additional cameras were recommended for 4 housing units in December 2021. Interviews with upper-level staff revealed that secure vulnerability assessments are completed at least annually for all the housing units with recommendations for improvements, and this is documented on the assessments completed. The DYS Policy and Procedures 13.8.1 indicates the vulnerability assessment “shall identify physical plant blind spots, staffing, and operational issues that need to be addressed to ensure a safe and secure environment.” During the site review areas identified on the vulnerability assessments for improvement were observed. The Campus Administrator indicated that she prioritizes issues to be addressed from annual vulnerability assessments completed. Diagrams of all buildings on the Mt. Meigs campus was provided to the auditor that indicates the location of cameras in each of the buildings. The PREA Coordinator/Mt. Meigs Compliance Manager informed the auditor there are 263 facility cameras. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.318: by complying in all material ways with this standard for the review period.**

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · "A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/ Adolescent" Second Edition, April 2013, · 115.321 Victim Advocate Receipt of PREA Form, · 115.321.1 PREA Confidentiality and the Victim Advocate Form, · Contract with One Place Family Justice Center, and · Agreement Between Mt. Meigs Campus of Alabama Department of Youth Services (ADYS) and Montgomery County Sheriff's Office 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Investigative Staff (2) · Random Staff (13) **Analysis and triangulation of information**: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings and criminal prosecutions. Mt. Meigs PAQ completed by agency officials indicates the procedure for evidence protocol and forensic examinations of investigations into allegations of sexual abuse is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicated that sexual assault forensic exams are provided by a rape crisis center, however, there were no reported forensic exams conducting

during the past 12 months. DYS provided a copy of the DOJ Office of Violence Against Women Publication, “A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents Second Edition DNA, April 2013” and the PREA Coordinator indicated this protocol is followed by the agency and its contract partners that provide forensic examinations or conduct PREA-related investigations. Mt. Meigs Campus of DYS has an agreement with Montgomery County Sheriff’s Office to conduct criminal investigations. The agreement indicates the uniform evidence protocol will be used for both internal and external investigations. The agency investigators indicated they are aware of the forensic protocol followed and aspects applicable to their investigation are incorporated into their work.

A copy of the contract agreement with One Place Family Justice Center was provided and the agreement indicates this organization will “provide sexual exams in accordance to PREA-Prison Rape Elimination Act, for DYS students who were allegedly assaulted while in DYS custody … SANE and SAFE who has received specialized training in conducting rape victim examinations and who is certified by the federal government as having received training.” In addition to providing sexual assault exams, this contractor also provides “victim advocacy and crisis counseling” services to the Mt. Meigs facility. During the site review the number for multiple victim advocate organizations were posted in common areas of the facility to include the number for One Place Family Justice Center.

Interviews with random staff revealed they understood the agency’s protocol for obtaining usable physical evidence if a resident reported sexual abuse, and their role as a first responder of an alleged incident of sexual abuse. When asked if they were aware of any incident of sexual abuse during the past 12 months, staff did not recall such an incident for the Mt. Meigs campus.

DYS Policy and Procedures 13.8.1 indicates facility staff can also serve as victim advocates, however, they must receive training to do so with initial training being “provided through a rape crisis center or other appropriate provider using similar curriculum that is used to train their victim advocate.” Training for designated facility victim advocates is acknowledged by staff on the 115.321 Victim Advocate Receipt of PREA form. The PREA Coordinator/Mt. Meigs Compliance Manager serves as a facility victim advocate. While it is that DYS did not report any forensic examinations being conducted for Mt. Meigs in the past 12 months, the 115.321.1 PREA Confidentiality and the DYS Victim Advocate form was provided; which identifies the role of the victim advocate, limits to confidentiality, and signature sections for both youth and the facility victim advocate.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.321: by complying in all

	material ways with this standard for the review period.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and · Agreement Between Mt. Meigs Campus of Alabama Department of Youth Services (ADYS) and the Montgomery County Sheriff's Office, 2. Interviews/Discussions with: · Agency Head (Executive Director) · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Investigative Staff (2) 3. Site Review/Observations: · Review of the agency website **Analysis and triangulation of information**: this standard requires the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. Mt. Meigs PAQ completed by agency officials indicated the policy in place to ensure referrals of allegations for investigation is DYS Policy and Procedures 13.8.1. Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals for allegations for investigation in the past 12 months: o The number of allegations of sexual abuse and sexual harassment that were received = 0

	o The number of allegations resulting in an administrative investigation = 0 o The number of allegations referred for criminal investigation = 0 During discussions with the PREA Coordinator and the initial interviews with Investigators both entities indicated there were no investigations into allegations of sexual abuse and/or sexual harassment in the past twelve months. The PREA Coordinator/Mt. Meigs Compliance Manager reported that when an incident of sexual abuse/sexual harassment is alleged, the PREA Coordinator is notified by the Campus Administrator (or Administrator on Duty), and then the PREA Coordinator submits a referral via email to the investigation department. During the interviews with the investigators, it was disclosed they receive referrals from the PREA Coordinator via email or they are assigned investigations from the department's administrative assistant who uploads all investigations to a departmental shared drive. The Alabama Department of Youth Services public website does have a link to a PREA policy that indicates "the special investigations unit is responsible for investigating all allegations of sexual abuse/assault/harassment." DYS Policy and Procedures 13.8.1. includes a section for criminal and administrative investigations. Additionally, a copy of the agreement with the outside entity responsible for conducting criminal investigations was also reviewed by the auditor. The agreement with Montgomery County Sheriff's Office includes information on the responsibilities of the Mt. Meigs campus as well as that of the sheriff's office. During the interview with the Executive Director, it was confirmed that an agreement is in place with the local sheriff's department to conduct criminal investigations and that the agency has internal investigators to conduct all administrative investigations. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.322: by complying in all material ways with this standard for the review period.**

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · List of Facility Employees · Employee Training Records (online training), · 115.331 Staff Receipt of PREA Forms, and updated version dated 9.22 · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Staff (13) · Medical/Mental Health Staff (4) **Analysis and triangulation of information**: this standard requires the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. Mt. Meigs PAQ completed by agency officials indicates employee training on the agency's zero tolerance toward all forms of sexual abuse and sexual harassment is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicated there were 168 employees at the facility who may have contact with residents. Information on the PAQ also indicated that employees receive refresher training on an annual basis on PREA requirements.

	Review of the PREA PowerPoint 2020 specifies the following training topics: zero tolerance, written institutional plan, shared information guidelines, juvenile rights, protection from retaliation, dynamics of sexual abuse, common reactions of abuse victims, detecting and responding, recognizing red flags, avoiding inappropriate staff/student relationships, complying with mandatory reporting laws, laws regarding age of consent, vulnerable populations, LBGTQ youth, prohibitions related to searching transgendered or intersex students, cross-gender pat searches, what is exigent circumstances?, announcing presence of cross-gender staff persons, and first responder duties. These training topics are consistent with those required in the PREA Juvenile Facility Standards. The DYS Policy and Procedures 13.8.1 reveals that PREA training for all new employees is conducted during pre-service and mandatory annual training. The online employee training (i.e., January 2022 PREA Web-Based Interlex) for 145 employees were reviewed for facility staff assigned to administration, housing units, clinical and mental health, focus team and the security team. Additionally, agency records with signed and dated “staff receipt of training” were examined for 64 employees completing classroom instruction on PREA requirements in 2021 and 2022. Interviews with facility staff selected at random consistently revealed that staff receive comprehensive PREA training as new hires and at least annually. Staff indicated that training is typically done in classroom settings, however, the COVID-19 pandemic has pushed a lot of the training sessions online. Staff specified that training is very similar for both types of sessions and that it is tailored for the male population of residents being served at Mt. Meigs. Interviews with medical and mental health staff revealed they also have received training according to agency policy. Several of the medical staff also are contract staff and they confirmed receiving training specific to volunteers and contract staff. The PREA Coordinator maintains records of facility staff, contractors, and volunteers that receive training on the agency’s zero tolerance policy, and she provided these records to the auditor for review. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.331: by complying in all material ways with this standard for the review period.**

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · List of Facility Volunteer and Contract Staff · PREA Form 115.332 Volunteer Contractor Receipt of PREA Training, and version updated 9.22 · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Volunteer/Contract Staff (4); Volunteers (2) - during follow up corrective action phase visit **Analysis and triangulation of information**: this standard requires volunteer or contract staff who interact with residents to be trained on their responsibilities under the agency's policies and procedures for sexual abuse and sexual harassment. The Mt. Meigs PAQ completed by agency officials indicates the process for volunteer and contractor training is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicated there were 49 individual contractors and 23 volunteers who had contact with residents at the facility. The Pre-Audit Questionnaire also specified a total of 3 contracts in the past 12 months for services with contractors who may have contact with residents.

	DYS Policy and Procedures 13.8.1 indicates volunteers and contractors will receive training on the agency's zero tolerance policy. The 115.332 Volunteer Contractor Receipt of PREA Training form includes a policy statement, definitions, prohibitions, reporting requirements, and acknowledgement of receipt of DYS Policy and Procedures 13.8.1. PREA Form 115.332 is signed annually by volunteers and contractors. A random sample of 16 training records for both volunteers and contractors had signatures of both contract/volunteer staff as well as a staff witness. Interviews with several contract staff revealed they have all been trained on the agency's zero tolerance policy to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. Each Volunteer/ Contractor interviewed also disclosed they received a copy of the agency's zero tolerance policy. None of the Volunteers/Contractors interviewed indicated they were aware of any sexual abuse or sexual harassment incidents on campus in the past 12 months. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.332: by complying in all material ways with this standard for the review period.**

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Youth Safety Guide, · DYS Student Handbook, · 115.333 PREA Orientation, · DYS PowerPoint Presentation 115.333 – PREA Orientation, · 115.333.1 PREA Facts Every Juvenile Should Know, · PREA Pamphlet 115.333, · PREA Pamphlet 115.333S, · PREA Pamphlet 115.333LF, · PREA Form 115.333 Juvenile Confirmation of Receipt of PREA, · Resident PREA Posters (in English and Spanish), and · What Youth Should Know About Sexual Abuse and Assault flyer 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Residents (20), Random Residents - during corrective action period (10) · Residents with Disabilities (2) · Intake Staff (2)

3. Site Review/Observations:

· Observations made throughout common areas of the facility

· Informal discussions with residents

Analysis and triangulation of information: this standard requires the agency to educate residents on the facility's zero tolerance policy for sexual abuse and harassment. Additionally, residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The Mt. Meigs PAQ completed by agency officials indicated that resident education on PREA requirements is outlined in DYS Policy and Procedures 13.8.1.

The Mt. Meigs PAQ showed the resident population to be 116 with a total of 124 residents being admitted into the facility within the past 12 months. A roster provided two days prior to the onsite audit indicated 115 youth were present with information on the youth's age, race, and dorm assignment, and the youth's date of entry at the facility. The PREA orientation literature examined was very comprehensive for youth and included a resident handbook, pamphlets, bright posters, toll-free numbers for both internal and outside advocacy and support services. The PREA Coordinator/Mt. Meigs Compliance Manager informed the auditor the agency was able to obtain a grant to assist with creating the various posters, pamphlets, and flyers to display information about sexual abuse and harassment.

A review of 25 juvenile receipt of PREA 115.333 forms were examined with initials in both the "staff initial after reading the policy" box as well as the "juvenile initials after reading policy" box. The signed acknowledgements were consistently completed by staff and residents within 48 hours of a youth's admission to the facility.

During interviews with randomly selected residents the youth consistently reported receiving PREA education on the first day of arrival to the facility. Majority of the youth reported that staff read out the PREA information to them and provided copies of the student handbook and pamphlets with PREA resources. During the site review informal discussion took place with residents and the auditor asked a few residents to show a copy of their student handbook. Several residents on different housing units were able to display a copy of their handbook that was in their individual rooms. The residents overwhelmingly were able to recall the various ways (e.g., tell staff, call the hotline, tell parents, write a grievance, report to outside agency) they can report being sexually abused, harassed, and report abuse on behalf of other residents. The youth indicated that PREA information is posted throughout the housing units and other areas on campus for them to remember the

	zero-tolerance policy and numbers. During the site review the auditor was able to observe resident PREA posters/flyers, PREA pamphlets, PREA hotline numbers, outside support services numbers and addresses in some common area of all the housing units. The resident PREA posters included information on first responder duties, 5 ways to report sexual abuse (i.e., verbal, grievance, anonymously, third-party reporting, report to a private entity or Alabama Disability Advocacy Program). There were also topics on the posters that including 'help us help you,' 'you have the right to be free from sexual abuse,' 'speak out,' and 'stop assault.' Intake staff disclosed the student handbook is provided to youth in the orientation unit, and it has information on the problem of abuse, staying safe, how to report abuse, and if abuse happens what residents should do. Intake Staff also reported that resident education occurs during orientation on the first day of arrival. Interviews with several lower functioning residents revealed they have been provided information on the zero-tolerance policy in a way they could understand. These residents stated that staff read information to them from the student handbook and posters about PREA, and also provided them a copy of the information upon their first day of arrival. The PREA Coordinator did not report any Spanish-speaking residents to the auditor during the onsite audit; however, resident education in Spanish was provided to the auditor. PREA Pamphlet 115.333 is available to all residents. PREA Pamphlet 115.333LF is for the lower functioning residents. It was like the pamphlet provided to other residents with a few minor changes in wording and fewer pictures. The PREA Pamphlet 115.333S is for the limited English Proficient residents who speak Spanish. This pamphlet (i.e., 115.333S) was a word document with a total of 6 pages. The agency's contract with Visual Language Professionals, LLC includes the service of documentation translation. DYS Policy and Procedures 13.8.1 outlines the juvenile PREA orientation process, which is consistent with information reported by residents and specialized staff during interviews and documentation reviewed on resident education. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.333: by complying in all material ways with this standard for the review period.**

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools, · Employee Training Records (Investigators), and · PREA Form 115.334 Special Investigator Receipt of PREA 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Interviews with Investigators (2) **Analysis and triangulation of information**: this standard requires the agency to conduct specialized training to investigative staff on conducting investigations in confinement facilities. The Mt. Meigs PAQ completed by agency officials indicated that specialized training for investigators on PREA requirements is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ denotes the agency has 3 investigators. Discussion with the PREA Coordinator/Mt. Meigs Compliance Manager revealed there is a Chief Investigator and two Special Investigators. The training records were reviewed for all three investigators with the signed and dated PREA form 115.334 observed for all staff. Topics 16-20 of the investigator training included conducting sexual abuse investigations in confinement settings, techniques for interviewing juvenile sexual abuse victims, criteria and evidence required to substantiate a case for administrative action or prosecution referral, and proper Miranda and Garrity Warnings.

	The DYS Policy and Procedures 13.8.1. specifies that in addition to general training provided to all employees, its investigators that conduct sexual abuse investigations will receive training in conducting such investigations in confinement facilities. Specialized training topics that are listed above are also included on the DYS Policy and Procedures 13.8.1 with maintenance of documentation on the PREA Form 115.334. The two Special Investigators were interviewed, and they confirmed receiving both standard and specialized PREA training on the topics identified on the signed acknowledgement PREA Form 115.334. While not identified as an official deficiency, it is to be noted that during random staff interviews, majority of the staff stated the agency PREA Coordinator is responsible for conducting sexual abuse investigations at the facility. This was brought to the attention of the PREA Coordinator for follow-up in training sessions. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.334: by complying in all material ways with this standard for the review period.**

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools, · Employee Training Records, and · PREA Form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Medical and Mental Health Staff (4) **Analysis and triangulation of information**: this standard requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. The Mt. Meigs PAQ completed by agency officials indicated specialized training for medical and mental health staff on PREA requirements is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ revealed that 100% of medical and mental health care practitioners received training required by agency policy. The 115.335 Medical and Mental Health Receipt of PREA training records were reviewed for 11 mental health staff. Additionally, training records were also reviewed for 16 contract medical staff with signed acknowledgements of the training they received. In addition to general PREA training provided to employees and contractors, specialized training topics (i.e., items 16-19 on PREA Form 115.335) for medical and mental health staff included: 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, 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 of suspicion of sexual abuse and sexual harassment. DYS Policy and Procedures 13.8.1 outlines training for medical and mental health staff. The policy indicates that “facilities shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities are trained” in the specialized topic items 16-20 listed above. The PREA Coordinator informed the auditor that majority of the medical staff are contractors; however, the mental health staff are primarily agency employees. Interviews with both facility mental health staff and contract medical staff revealed that both standard agency training on PREA requirements had been received as well as specialized training on the topics identified above. Medical personnel indicated that while health services are offered onsite, forensic examinations take place off site at One Place Family Justice Center. The medical and mental health staff interviewed did not report any knowledge of sexual abuse or sexual harassment allegations made at the facility within the past 12 months. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.335: by complying in all material ways with this standard for the review period.**

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.341 Intake Screening, and · PREA Form 115.341.2 Guidelines for Shared PREA Information, 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Residents (20) · Staff that Perform Screening for Risk of Victimization and Abusiveness (2) · Mental Health Staff (2) 3. Site Review/Observations: · Observations of youth in programming and on housing units · Informal discussions with facility staff and residents **Analysis and triangulation of information**: this standard requires the agency to gather and use information about each resident's personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The Mt. Meigs PAQ completed by agency officials indicated the process for obtaining information from residents is outlined in DYS Policy and Procedures 13.8.1. The DYS Policy and Procedures 13.8.1 specifies the screening for risk of sexual

	victimization and abusiveness takes place within 24 hours of a resident's admission to the facility. Additionally, the policy also indicates that a PREA risk assessment is completed "periodically, at least every (6) months throughout their confinement or when warranted due to a referral…" The procedure requires documenting the initial screening, reassessment or 6-month reassessment on the PREA Form 115.341. The reassessment assessment according to the policy can be completed on the PREA Form 115.341.1. Youth at risk for victimization or abusiveness are to be reassessed within 30 days of arrival. These youth are also offered follow-up meetings with medical or mental health practitioners within 14 days of the intake screening, according to the policy. The PREA Form 115.341 includes all the information from the residents that are required by this standard. The PREA Form 115.341.2 serves as the facility's guidelines for shared PREA information to ensure staff or other residents do not exploit sensitive information about a juvenile. The form indicates that failure to adhere to guidelines shall result in progressive discipline action. Intake and mental health staff interviewed acknowledged receiving and complying with the guidelines for shared PREA information. Informal interviews with intake staff and mental health from the orientation unit took place during the site review where the auditor inquired about the screening process and housing assignments. These staff indicated that all youth are screened for sexual abuse by qualified mental health staff on the orientation unit. Formal interviews with mental health staff responsible for conducting the risk screenings took place as well as interviews with residents selected at random. Additionally, an interview occurred with a resident who disclosed prior victimization, and a resident who conveyed being gay. All residents interviewed reported the day of arrival they are asked questions about whether they had ever been sexually abused, whether they identify as gay, bisexual, transgender, and have any disabilities. Majority of the youth interviewed, did not recall if the same questions were asked a second time. The DYS Policy and Procedures 13.8.1. indicates that "also, periodically, at least every (6) six months throughout their confinement or when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the Juvenile's risk of Sexual Victimization or abusiveness, PREA Form 115.341.1. PREA Risk Reassessment shall be completed." Staff that perform screening for risk of victimization and abusiveness stated that any youth identified as a risk for victimization or abuse are reassessed by their case manager at least every six months. The PREA Coordinator disclosed that a PREA risk reassessment is not conducted for every youth at the facility, only for those identified as a risk or in cases where a referral is made due to an incident, or disclosure being made. The youth that reported prior victimization did state that the intake staff did offer a meeting with clinical staff, however, it was declined because the resident knew he would meet regularly with his case manager. During the site review, a few residents on the orientation unit were asked had they been screened by a mental health staff person yet. Both juveniles reported they had met with a

	mental health person on their first day of admission. A random selection of 10 resident intake records were reviewed with a completed PREA Form 115.341 in the file maintained by the PREA Coordinator. Upon completion of the intake screening a copy of the completed form is provided to the Mt. Meigs PREA Compliance Manager. Seven of the ten files reviewed were initial assessments, one record was a reassessment and the remaining two files reviewed was a 6-month reassessment. No deficiencies were observed with the records received and examined. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.341: by complying in all material ways with this standard for the review period.**

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.341 Intake Screening, and · PREA Form 115.341.2 Guidelines for Shared PREA Information, · PREA Form 115.342 Housing Unit Placement, and · PREA Form 115.342.1 Isolation Activity Log · Unit logbooks 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Campus Administrator · Resident Who Disclosed Past Victimization or Abuse (1) · Mental Health Staff (2) · Staff Who Supervise Residents in Isolation (1) 3. Site Review/Observations: · Observations of youth in isolation · Informal interview with staff supervising residents in isolation **Analysis and triangulation of information**: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program,

	education, and work assignments for residents. Mt. Meigs PAQ completed by agency officials indicated the procedure for placement of residents in housing, bed, program, education, and work assignments is outlined in DYS Policy and Procedures 13.8.1. Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to use of screening information in the past 12 months: o The number of residents at risk for sexual victimization who were placed in isolation = 0 o The number of residents at risk for sexual victimization who were placed in in isolation who have been denied access to large muscle exercise, and/or legally required education or special education services = 0 The DYS Policy and Procedures 13.8.1 denotes the decision to place youth in special housing is documented on the PREA Form 115.342 Housing Unit Placement. Additionally, juveniles held in isolation because of risk of victimization shall have a case review every 30 days and the PREA Form 115.342.1 is the log used to document isolation activity of all youth. Services must be inclusive of education, large muscle activity, and visits from medical/mental health/administrative staff. Both the housing unit placement forms completed as well as the isolation activity logs are signed by a staff person and the Campus Administrator. The process and sign offs for housing assignments and isolation was confirmed by the Campus Administrator. The PREA Coordinator informed the auditor of two youth that reported prior sexual victimization during their risk screening and one 1 resident who disclosed being gay during the intake screening. The resident who identified as gay during the intake screening informed the auditor that he was not assigned to a housing unit specific to LGBTI youth. The PREA Coordinator did not report any transgender or intersex youth being assigned to the facility within the past 12 months. During the site review the auditor visited housing units that had youth in isolation. While there were no youth in isolation due to sexual victimization or sexual abuse; the auditor did conduct informal interviews with youth in isolation for non-PREA-related reasons. The auditor was informed during informal interviews with youth in isolation, they are afforded large muscle exercise, education services, and they are seen daily by medical and mental health staff. Staff that supervise youth in isolation confirmed that youth in confinement receive daily services and that the activity log is signed by education, medical/mental health, and administrative staff that come visit segregated youth. During the site review the auditor did observe a

	representative from the medical staff visiting with a resident in isolation. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.342: by complying in all material ways with this standard for the review period.**

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Mt. Meigs Student Handbook, · DYS Form 1.28 Juvenile Grievance, · Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse”, · DYS Form 812 Critical Incident Report, · Alabama Department of Youth Services Policy 13.8, and · DHR-FCS – 1593 Form – State of Alabama Department of Human Services: Written Report of Suspected Child Abuse/Neglect 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Staff (13) · Random Residents (20) 3. Site Review/Observations: · Observations made on housing units and other areas of programming · Informal discussions with facility staff and residents **Analysis and triangulation of information**: this standard requires the agency to provide several internal ways for residents to privately report sexual abuse or sexual

	harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The Mt. Meigs PAQ completed by agency officials indicated the process for resident reporting is outlined in DYS Policy and Procedures 13.8.1. The DYS Policy and Procedures 13.8.1 denotes that residents can make reports to staff, to the DYS advocacy representative or the agency PREA sexual assault hotline. Residents can also make reports using the DYS Form 1.28 Juvenile Grievance or contact public or private entities outside the agency such as rape crisis center (i.e., One Place Family Justice Center) or the Alabama Disabilities Advocacy Program (ADAP). Residents detained solely for civil immigration purposes have a number to contact the Alabama Department of Homeland Security. The Mt. Meigs student handbook was examined, and page 8 has information on the grievance system and page 9-10 has detailed information on PREA to include ways to report sexual assault, threats or if someone asks residents to do something sexual. Phone numbers for both internal and external reporting entities were observed during the site review on flyers posted throughout the facility in common areas frequented by residents. The address of ADAP was also included on several postings throughout the campus. Grievance forms and secure boxes were observed on every housing unit during the site review. The auditor contacted each number on the flyers posted for resident reporting. All numbers called were working numbers, however, a recording came on for the ADAP due to it being a federal holiday on June 20, 2022. The PREA Coordinator receives all the PREA sexual assault hotline calls via a cell phone that was on her person during the site review. The phones used on the housing units to make PREA hotline calls were located at the command desk that is centrally located on the dorm. The auditor did share with the PREA Coordinator and Campus Administrator that it did not appear the position of the phone for hotline calls would allow for much confidentiality nor was hotline numbers posted directly by all phones. The Campus Administrator did state that residents can make confidential calls with their case managers if they did not feel comfortable asking YSA staff to make a hotline call. During the site review staff and youth were asked if they felt the location of the phone for hotline calls allowed for confidentiality and for the most part, both groups indicated “yes.” Interviews with residents selected at random revealed they were well-versed on the multiple reporting mechanisms in place to privately report sexual abuse, sexual harassment, and retaliation for reporting PREA incidents. Facility staff were knowledgeable on the ways in which residents could privately report sexual abuse or sexual harassment as well as the ways in which facility staff could do the same. During the random staff interviews it was consistently reported that if a youth makes a verbal report of abuse or harassment, staff will document the allegation on a written report and submit it no later than the end of their current shift. Staff confirmed that written reports are documented on the critical incident report forms

	(i.e., DYS 100.1, DYS Form 812, and DHR-FCS-1593). Some staff offices did not have PREA posters and very few were observed in the "Zoom" room in the housing units that were used for therapy and counseling. It was recommended that additional posters be placed in staff offices, a few housing units (e.g., one side of orientation unit, open-bay dorms), and in rooms where therapy sessions were being held via Zoom. The PREA Coordinator/Mt. Meigs Compliance Manager agreed to put up more posters in the suggested areas. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.351: by complying in all material ways with this standard for the review period.**

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Facility Response doc, · DYS Policy 1.13 Youth Grievance Process, · DYS Form 1.28, · 2021 Annual Cumulative Summary of Grievances filed doc, and · Investigative files 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Residents (20) · Investigators (2) 3. Site Review/Observations: · Observations on housing units of grievance boxes and forms **Analysis and triangulation of information**: this standard requires agencies to have procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The Mt. Meigs PAQ completed by agency officials indicated exhaustion of administrative remedies is outlined in DYS Policy and Procedures 13.8.1.

Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to administrative remedies in the past 12 months:

o The number of grievances that were filed that alleged sexual abuse = 0

o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = 0

o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = 0

o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = 0

The DYS Policy and Procedures 13.8.1 does reference grievance procedures to address sexual abuse. However, the information provided refers readers to “DYS Policy 1.28, page 7, Section E (Juvenile Grievance Process). The DYS Policy 1.13 denotes the facility has an advocacy representative and a chief advocate who oversees the entire grievance system along with appeals. All priority grievances are responded to within 48 hours. The DYS Policy 1.13 also indicates that in the event a grievance is against the campus administrator or program director, grievances are addressed by the office of chief advocate in the executive suite.

The PREA Coordinator informed the auditor that DYS Policy 1.13 and not DYS Policy 1.28 relates to the Juvenile Grievance Process. The PREA Coordinator stated there is no time limit on when a grievance can be filed. Youth interviewed at random all indicated that filing a grievance is one of the confidential ways to report sexual abuse and/or sexual harassment at the facility. During the site review the auditor observed secure grievance boxes and forms on all housing units that were occupied by residents. The resident outgoing mailbox area was observed in the D&E Administration Building.

In reviewing investigative files there was one instance in the past 12 months of a youth filing a grievance alleging sexual conduct between residents. The investigation was closed as unfounded with information provided by the investigator and documentation in the file the resident recanted statements made in the grievance filed. No documentation was provided of any disciplinary actions taken against the resident for filing the grievance. The resident who filed the grievance was not placed at the Mt. Meigs facility during the time of the onsite audit; therefore, no interview occurred with this youth.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.352: by complying in all material ways with this standard for the review period. It is recommended that Mt. Meigs officials update the PAQ to reflect the actual grievances filed during the past 12 months that alleged sexual abuse.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse”, · Alabama Disabilities Advocacy Program (ADAP) Poster, and · Contract with One Place Family Justice Center 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Campus Administrator · Random Residents (20) 3. Site Review/Observations: · Observations made on housing units and other areas of programming **Analysis and triangulation of information**: this standard requires the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The Mt. Meigs PAQ completed by agency officials indicated the process for resident access to outside support services and legal representation is outlined in DYS Policy and Procedures 13.8.1.

	DYS Policy and Procedures 13.8.1 was reviewed and it showed that juveniles have access to “ADAP or to the other MOU Rape Crisis Center that is not a part of the facility.” The contract with One Place Family Justice Center was reviewed and services encompass victim advocates providing support services for sexual abuse. Alabama Disabilities Advocacy Program (ADAP) provides treatment and services for victims of abuse and neglect and this information is displayed on the posters on campus. During the site review the phone numbers of three (3) outside support services were observed in common areas of the campus that are frequented by residents. In addition to toll-free hotline numbers, a mailing address was included for one of the outside support service providers. One of the outside support services was for juveniles detained solely for Civil Immigration purposes. It was revealed during random interviews with residents that youth are permitted to talk with their lawyer privately as well as their probation officers. All residents reported they can speak with their parents/guardians weekly and are afforded visitation every Saturday with their family. Youth also reported they can have confidential meetings with their attorney if needed. The Campus Administrator and PREA Coordinator/Mt. Meigs Compliance Manager both confirmed that visitation occurs every week for residents and that outside support services are available through both informal and formal agreements. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.353: by complying in all material ways with this standard for the review period.**

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Form 115.354 Third-Party Reporting, · PREA Resident Posters (both English and Spanish), and · Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse” 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Random Residents (20) 3. Site Review/Observations: · Observations made on housing units and other areas of programming · Review of the agency website **Analysis and triangulation of information**: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The Mt. Meigs PAQ completed by agency officials indicated that third-party reporting is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes that third-party reporting is available via

	its PREA Form 115.354 Third-Party Reporting. This form is accessible to facility staff and individuals outside the facility on the agency website in the PREA section. Instructions included on the form directs individuals to email or mail the completed form to the DYS PREA Coordinator at an address provided on the form. The auditor was able to view and print a copy of the third-party reporting form directly from the DYS website. The PREA Coordinator did not disclosed receiving any third-party reports in the past 12 months regarding sexual abuse and sexual harassment at the Mt. Meigs campus. Residents were asked during formal interviews if they were permitted to make reports on behalf of other residents about sexual abuse and harassment and the youth indicated they are permitted to do so. They also indicated that someone else can file a report on their behalf of sexual abuse or sexual harassment experienced at the facility. During the site review, the resident PREA Poster observed in housing units lists “Third-Party Reporting” as one of the five ways to report sexual abuse and sexual harassment. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.354: by complying in all material ways with this standard for the review period.**

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Policy 8.12 Critical Incident Report · DYS Form 13.16 Child Abuse Reporting, · DHR-FCS-1593 State of Alabama Department of Human Services: Written Report of Suspected Child Abuse/Neglect · sample of reports from investigative files, and · Alabama mandatory reporting laws 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Medical/Mental Health Staff (4) · Random Staff (13) **Analysis and triangulation of information**: this standard requires agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local services, while also protecting the alleged victim's privacy. Additionally, this standard requires facility management to report allegation of sexual abuse to the appropriate agency office, the alleged victim's parent or legal guardian and legal representative. The Mt. Meigs PAQ indicates that staff and agency reporting duties are outlined in DYS Policy and Procedures 13.8.1.

	In the interviews with random staff each of them reported that all staff are required by policy to report knowledge, suspicion, or information regarding sexual abuse and sexual harassment up the chain of command. This requirement is outlined in DYS Policy and Procedures 13.8.1. The procedure per the policy includes staff reporting to their supervisor, and then the supervisor reporting it to the campus administrator. The staff first responder initiates the DYS Form 8.12 Critical Incident Report. If indicated, the DYS Form 13.16 Child Abuse Reporting is also initiated. The Investigation, and Programs and Client Services/Community Services departments are all notified by the PREA Coordinator. According to DYS Policy and Procedures 13.8.1 the DYS Special Investigations Unit (SIU) determines if the allegation is credible and if so, notifications are also made to parents/guardian/CPS workers, attorneys, and the juvenile court within 14 of receipt of the allegation. The Campus Administrator confirmed staff reporting requirements, that she is notified of all critical incidents, and she in turn makes notification to the PREA Coordinator. The PREA Coordinator/Mt. Meigs Compliance Manager indicated that she makes notifications to the investigators as well other agency leaders. The PREA Coordinator/Mt. Meigs Compliance Manager also reported that she along with facility case managers have been designated to notify the alleged victim's parents/ guardians and legal representatives regarding sexual abuse allegations. The PREA Coordinator furthermore stated that she is the designated person responsible for conducting retaliation monitoring at the facility. All the random staff selected for interview did not report any knowledge, suspicion, or information regarding sexual abuse and sexual harassment within the past 12 months. A google search of the Alabama mandatory reporting laws was conducted by the auditor. The Alabama Department of Child Abuse & Neglect Prevention signifies mandatory reporters as "teachers, child day care center operators, mental health professionals, and who have children in their care for long periods of time or in counseling situations." Interviews with medical and mental health staff revealed that residents are informed of limitations of confidentiality and duty to report PREA-related incidents to supervisors. None of the medical and mental health staff or random staff interviewed indicated that a youth has reported an allegation of sexual abuse or sexual harassment to them within the past 12 months. The PREA Coordinator/Mt. Meigs Compliance Manager provided the auditor with a copy of all forms that are applicable to this standard. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.361: by complying in all material ways with this standard for the review period.**

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Agency Head (Executive Director) · Random Staff (13) **Analysis and triangulation of information**: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The Mt. Meigs PAQ indicates the agency protection duties are outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ specified there were no instances within the past 12 months whereby the agency or facility had determined that a resident was exposed to a substantial risk of imminent sexual abuse. DYS Policy and Procedures 13.8.1 states that if a “juvenile is subject to a substantial risk of imminent sexual assault, immediate actions shall be taken to protect the juvenile and reporting shall be made up the chain of command.” Interviews with the Agency Head, Campus Administrator, and facility staff selected at random revealed that immediate action is required and taken by all staff to protect residents from a substantial risk of imminent sexual abuse, to include separating the alleged victim from the offender. The random staff selected for

	interview did not report any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment within the past 12 months. The PREA Coordinator/Mt. Meigs Compliance Manager confirmed there were no residents during the review period that were subject to imminent sexual abuse at the Mt. Meigs campus. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.362: by complying in all material ways with this standard for the review period.**

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and · PREA Form 115.363 Reporting to Other Confinement Facilities, 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Agency Head/Executive Director · Investigative Staff (2) **Analysis and triangulation of information**: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The Mt. Meigs PAQ indicates that reporting PREA incidents to other confinement facilities is outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ indicated there was 1 “allegation of sexual abuse the facility received from other facilities within the past 12 months.” The Mt. Meigs PAQ also indicated there were 0 “allegations the facility received that a resident was abused while confined at another facility.” The DYS Policy 13.8.1 indicates that “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." The policy goes further to state that notification must be made "no later than 72 hours after receiving the allegation." The receiving facility administrator must ensure that the allegation is investigated in accordance with the PREA standards and the "outcome of the investigation shall be provided to the Facility that initiated the allegation from the Juvenile." During the interview with the Agency Head, it was reported there were no sexual abuse or sexual harassment incidents reported from another confinement facility to the executive office in the past 12 months. In the event such a report is received, the point of contact would be the PREA Coordinator, who would ensure that the investigation division is notified, and an investigation occurs as per the agency policy. The PREA Coordinator and Campus Administrator both indicated that all allegations of sexual abuse and sexual harassment at the Mt Meigs campus, are referred for a prompt investigation, to include reports that come from another confinement facility. The Campus Administrator would notify the PREA Coordinator of such reports received and the PREA Coordinator would refer the allegation to the investigations division. The investigative staff reported they are responsible for investigating sexual abuse allegations of both state-operated and contract residential facilities. Investigators are promptly notified of allegations and initiates investigations in accordance with DYS Policy and Procedures 13.8.1. During discussions with the PREA Coordinator it was revealed that within the past 12 months, Mt. Meigs did receive 1 allegation that a resident was abused while confined at another facility. The PREA Coordinator stated within 72 hours of being notified of the allegation the head of the facility where the alleged abuse occurred was notified. A copy of the competed PREA Form 115.363 Reporting to Other Confinement Facilities was provided to the auditor by the PREA Coordinator to verify procedures were followed according to agency policy. Documentation received from the facility did not reflect if the other confinement facility had notified the PREA Coordinator of the outcome of the investigation. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.363: by complying in all material ways with this standard for the review period.**

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020, · PREA Form 115.364 First Responder Checklist, · PREA Form 115.364.1 First Responder Guidelines for Sexual Assault, and · PREA Form 115.371 Process for Investigating Sexual Assaults 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Medical/Mental Health Staff (2) · Random Residents (20) · Random Staff (13) · Security Staff Who Have Acted as First Responders (3) · Investigative Staff (1) 3. Site Review/Observations: · Observations made in D&E Administration Building

	Analysis and triangulation of information: this standard requires that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The Mt. Meigs PAQ indicates that staff 1st responder duties are outlined in DYS Policy and Procedures 13.8.1. The Mt. Meigs PAQ completed by agency officials indicated there were 0 allegations that a resident was sexually abused in the past 12 months. DYS Policy 13.8.1 denotes that staff first responders are required to separate alleged victims and abusers, preserve evidence, and report up the chain of command. Training material reviewed (i.e., PREA PowerPoint 2020) also includes information on slides 36-37 about the duties of first responders. PREA Form 115.364.1 has twenty (20) detailed guidelines to follow in the event sexual abuse occurs. Additionally, PREA Form 115.364 is the actual checklist for first responders to follow. The checklist includes details on separating the alleged victim from the aggressor, securing the location, immediate notification of the unit manager who notifies the campus administrator/ administrator on duty (AOD), who in-turn contacts the special investigations unit. Further, referral for medical assessment and taking notes on what is shared, and by whom is documented by the first responder. The PREA Form 115.371 is a flow chart of the process for investigating sexual assault allegations and the process flow begins with ‘juvenile allegations of sexual assault discovered/reported to first responders.” The PREA Coordinator and Campus Administrator indicated that all facility staff are trained as first responders, however, the campus does have designated “security staff” who respond to incidents on campus. Mt. Meigs security staff are distinguished from staff primarily responsible for the supervision and control of residents (e.g., youth service aides or YSAs). During random interviews with staff, each person could articulate their duties as a first responder, however, none of the staff reported they had to serve in this capacity in the past 12 months. The Mt. Meigs PAQ also indicated there were 0 instances of non-security staff acting as first responders to allegations that a resident was sexually abused in the past 12 months. Since it was reported that all facility staff are trained as first responders, several staff were interviewed and all were able to articulate their duties of separating the alleged victim and abuser, securing the crime scene to protect any evidence until the proper steps can be taken to collect it. When asked how evidence is protected, staff first responders provided examples such as not allowing the alleged victim and abuser to brush their teeth, change clothes, take a shower, use the restroom, or eat. During the random resident interviews one youth indicated that he had reported an allegation of sexual abuse “about a year ago.” The auditor asked the youth to

	provide details on what occurred, and the resident stated that he was touched directly on his buttocks by another resident. The auditor asked was the touching of his [alleged victim] butt the result of an altercation between he and the other resident and the alleged victim stated it was not. The resident indicated the incident happened at the administration building during a work detail where no cameras are located. The youth did not report the incident for 5 days; however, when it was disclosed to the unit manager, reporting was immediately sent up the chain of command to the Campus Administrator, PREA Coordinator, and Investigative Staff. Due to the nature of the incident and time that elapsed before the youth reported the incident, there was no physical evidence to preserve. The alleged victim reported that he had been assigned to the same housing unit as the alleged abuser. The housing unit has individual cell rooms and both residents were directed to stay away from one another according to the alleged victim. The alleged victim reported that staff were monitoring he and the accused offender closely, and the alleged victim stated he did not fear for his safety during these arrangements. The alleged victim informed the auditor that no further sexual abuse incidents had occurred since then. The alleged victim reported the alleged accuser was reassigned to another housing unit a few days following the report of alleged abuse. During the site review the auditor did observe the location of the alleged sexual abuse incident that was reported by the youth in random resident interviews. The location of the alleged incident was the D&E Administration building's conference room, where the auditor verified there were no cameras located. PREA zero tolerance posters were, however, observed in the conference room. Documentation provided by the PREA Coordinator/Mt. Meigs Compliance Manager reflects reports being made up the chain of command as outlined in DYS Policy.13.8.1. One of the investigators did disclose during a subsequent discussion with the auditor that he did speak with the resident who alleged sexual abuse. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.364: by complying in all material ways with this standard for the review period. While it is that the facility complies with this standard, it is recommended that cameras be considered for the administration conference room if youth are to continue work details in this area or ensure that staff maintain constant supervision of residents working in areas that have no cameras.**

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.365 Written Institutional Plan, · Mt. Meigs Coordinated Response document, and · DYS Form 8.12 Critical Incident Report 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager **Analysis and triangulation of information**: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The Mt. Meigs PAQ indicates the facility coordinated response is outlined in DYS Policy and Procedures 13.8.1. The DYS Policy and Procedures 13.8.1 states the facility administrator shall have a "written institutional plan to coordinate the actions of all staff in the event a sexual assault occurs." First responders are to initiate DYS Form 8.12 Critical Incident Report with the coordinated response within 72 hours after receipt of the allegation. The Campus Administrator did confirm that a written institutional plan is in place which is the coordinated team response to sexual abuse that occurs at the Mt. Meigs campus. The PREA Coordinator/Mt. Meigs Compliance Manager informed the

	auditor the coordinated response is inclusive of staff 1st responders, medical and mental health staff, investigative staff, and facility leadership. The Mt. Meigs Coordinated Response document was reviewed, and it details the roles and responsibilities of agency and facility officials from different disciplines with respect to a coordinated and efficient response to victims of sexual abuse. The written plan states a coordinated response will occur for incidents of alleged sexual abuse "within 72 before after receipt of the allegation involving contact between the penis and the vulva or the penis and the anis, including penetration, however, slight; contact between the mouth and the penis, vulva or anus; penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument." The written institutional plan outlines procedures for first responders, medical staff, mental health staff, administrator on duty (AOD), investigator (s), facility leadership. The coordinated team response is chaired by the Campus Administrator and the PREA Compliance Manager prepares a report of findings and recommendations for improvement. Both the Campus Administrator and PREA Coordinator/Mt. Meigs Compliance Manager confirmed their role in the coordinated response team. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.365: by complying in all material ways with this standard for the review period.**

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · PREA Coordinator/Mt. Meigs Compliance Manager · Campus Administrator **Analysis and triangulation of information**: this standard requires the agency to avoid entering into agreements that would forbid the agency from removing an alleged staff sexual abuser from the post that involves interaction with residents, as a preventive measure during an investigation or a determination of discipline. The Mt. Meigs PAQ indicates preservation of the agency's ability to protect residents from contact with abusers is outlined in DYS Policy and Procedures 13.8.1. The PAQ completed by Mt. Meigs officials indicated the agency does not have a collective bargaining agreement in place that prohibits the agency from removing alleged staff sexual abusers from residents pending the outcome of an investigation. The DYS Policy and Procedures 13.8.1 indicates "the facility administrator/designee shall ensure that the alleged victim and Aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant." The PREA Coordinator informed the auditor there is no agreement in place that prohibits the agency from removing alleged staff sexual abusers from contact with residents pending investigation. Additionally, the Campus Administrator reported that staff are placed on no-contact with residents pending the outcome of an investigation into sexual abuse.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.366: by complying in all material ways with this standard for the review period.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.367 Protections Against Retaliation, · PREA Form 115.367 Status Check, and · Investigative files . Memo [RE: Protections Against Retaliation] 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Agency Head (Executive Director) · Random Resident (1), Random Residents during corrective action period (10) · Investigative Staff (1) 3. Follow-up Onsite Visit to the Mt. Meigs Campus [November 14-15, 2022] During the Corrective Action Period **Analysis and triangulation of information**: this standard requires the agency to protect residents and staff from retaliation coming from other residents and staff. The Mt. Meigs PAQ indicates the agency's procedure for protection against retaliation is outlined in DYS Policy and Procedures 13.8.1.

	The PAQ completed by agency officials indicated there were 0 residents in isolation as a measure to protect them from sexual abuse or sexual harassment in the past 12 months. Additionally, the Mt. Meigs PAQ indicated there were 0 incidents of retaliation in the past 12 months resulting from a report of sexual abuse or sexual harassment. Further, the Mt. Meigs PAQ states that retaliation monitoring takes place for a 90-day period. The DYS Policy and Procedures 13.8.1 denotes “for at least 90 days following a report of Sexual Abuse” the Campus Administrator will designate which staff members are charged with monitoring retaliation. The PREA Coordinator reported that she is responsible for monitoring retaliation of PREA allegations on the Mt. Meigs campus. Examples provided as to how residents are protected from retaliation include monitoring resident behavior management levels, housing and programming changes, as well as checking in with the resident periodically throughout a 90-day period. Retaliation is monitored for staff by reviewing performance reviews, disciplinary reports, and transfers to other locations. The DYS Policy and Procedures 13.8.1 states that 90 days of the initial monitoring can be extended if the initial monitoring “indicates a continued need.” The Agency Head confirmed in his interview, the zero-tolerance policy does outline measures that are in place to protect staff and residents against retaliation. The PREA Form 115.367 has sections that include 13 weeks of monitoring any occurrences of retaliation with comments, as well as information on whether there is a continued need for retaliation monitoring. DYS Policy and Procedures 13.8.1 indicates “the facility shall employ multiple protective 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.” During interviews with residents selected at random, one youth disclosed he reported an allegation of sexual abuse to staff during the past 12 months. The youth was asked if a staff person checked in with him for 90 days following his allegation made of sexual abuse and he stated “no.” There was no documentation provided (e.g., completed PREA Form 115.367) to the auditor that retaliation monitoring was initiated for the youth who reported an alleged sexual abuse incident. Additionally, review of an investigative file revealed that in April 2022 a Mt. Meigs resident wrote a grievance related to sexual conduct between several residents. No documentation was provided to the auditor to prove that retaliation monitoring was initiated for that resident who reported the sexual conduct incident. The resident who wrote the grievance was no longer at the facility during the onsite audit period, therefore, an interview did not occur to verify if retaliation monitoring had taken place.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.367 due to the following:

PREA Juvenile Facility Standards §115.367 Agency protection against retaliation (page 26) indicates in (c) “for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct of 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. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignment of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continued need. (d) In the case of residents, such monitoring shall also include periodic status checks.” DYS Policy and Procedures 13.8.1. Protections Against Retaliation (page 22)(XV)(C) indicates that “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.”

Based on information revealed in random resident interviews and review of investigative files, retaliation monitoring should have been initiated for both incidents because they meet the PREA Juvenile Facility Standard definition of “sexual abuse.”

Corrective action recommended for substantial compliance with PREA standard 115.367:

DYS officials will need to: (1) develop a plan that outlines the steps that will be taken to ensure that retaliation monitoring is initiated following staff and resident reports of sexual abuse. The plan should be signed off-on by the Campus Administrator, since this person is tasked with designating which staff are responsible for monitoring retaliation, (2) ensure all Mt. Meigs staff designated for retaliation monitoring are provided a copy of the plan and the agency shall document receipt and understanding of the plan through employee signatures, and (3) initiate 90-day retaliation monitoring for the resident [C.C.] who reported an alleged sexual abuse incident in August 2021 [if he is still assigned to the Mt. Meigs Campus].

	Corrective Action (Phase 4) Follow-Up: During the corrective action phase of the audit Alabama Department of Youth Services (ADYS) developed a plan to ensure that retaliation monitoring is initiated following staff and resident reports of sexual abuse. The plan was documented in the form of an agency memo and signed off by the Mt. Meigs Campus Administrator on 11/14/22. The plan includes responsibilities and responsible parties designated for conducting retaliation monitoring. During the corrective action phase, there were no reports of sexual abuse or sexual harassment made by residents or staff that required retaliation monitoring to be initiated. Additionally, resident C.C. had been released from the facility in August, 2022, thus 90-day retaliation monitoring was not initiated. The Auditor returned to the facility during the corrective action phase and reviewed investigation files, met with the Campus Administrator, reviewed the retaliation monitoring memo, reviewed the resident roster, and selected 10 residents at random for interview in order to determine compliance with this provision. Based on the actions taken by Mt. Meigs officials, documentation review, and interviews with residents selected at random, the Auditor has determined the facility meets PREA Standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.342.1 Isolation Activity Log, and · Unit Logbooks 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Medical/Mental Health Staff (4) · Staff that Supervise Residents in Isolation (2) 3. Site Review/Observations: · Observations of residents in isolation · Informal interviews with staff supervising residents in isolation **Analysis and triangulation of information**: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The Mt. Meigs PAQ indicates the agency's procedure for post-allegation protective custody is outlined in DYS Policy and Procedures 13.8.1.

	The PAQ completed by Mt. Meigs officials indicated 0 instances within the past 12 months of residents being at risk for sexual victimization and 0 occurrences of residents being placed in isolation due to suffering sexual abuse. The DYS Policy and Procedures 13.8.1 indicates that “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.” When residents are placed in isolation as a protective measure, the PREA Form 115.342.1 is completed, which documents daily large-muscle exercise and any legally required educational programming or special education services. The Campus Administrator did not recall any instances of a youth being placed in isolation as a result of suffering sexual abuse in the past 12 months. She stated such protective measures would only be used as a last resort after exhausting all less restrictive measures. During interviews with medical and mental health staff it was reported that youth in isolation are visited daily, and visits are documented in logbooks or on the PREA Form 115.342.1. The PREA Coordinator disclosed on day one of the onsite audit, there were no residents in isolation due to protections against sexual abuse or sexual harassment. During the site review, the auditor did visit housing units that had residents in isolation for non-PREA-related incidents. The unit logbook was examined on those units and door checks that were being completed for isolated youth. Informal interviews with staff supervising residents in isolation revealed that youth are afforded programming and services daily and that medical and mental health, as well as administrators on duty visit units with residents in isolation and document those visits. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.368: by complying in all material ways with this standard for the review period.**

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.371.1 Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment, · Administrative Investigative Files, · Investigative Tracking Spreadsheet, and · PREA Coordinator/Mt. Meigs Compliance Manager records 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Campus Administrator · Investigative Staff (2) · Random Resident (1) 3. Follow-up Onsite Visit to the Mt. Meigs Campus [November 14-15, 2022] During the Corrective Action Period **Analysis and triangulation of information**: this standard requires that all allegations of sexual abuse and sexual harassment be promptly investigated through an objective investigation. The Mt. Meigs PAQ completed by agency officials indicates the facility's procedure for criminal and investigative agency investigations are outlined in DYS Policy and Procedures 13.8.1.

	Department of Youth Services (DYS) Policy and Procedures 13.8.1 specifies that Alabama Department of Youth Services “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.” The policy goes on to state that “at the conclusion of all PREA investigations, the investigator shall complete PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment and submit it to the facility PREA compliance monitor for processing with the Juvenile.” The Mt. Meigs PAQ completed by agency officials prior to the onsite audit indicated there are 3 investigators employed with the responsibility of conducting administrative and criminal investigations into allegations of sexual abuse or sexual harassment. The Mt. Meigs PAQ also denotes the local sheriff’s department is an external entity responsible for criminal investigations. Below are responses provided by agency officials on the Mt. Meigs PAQ with respect to allegations of sexual abuse and sexual harassment within the past 12 months: o The number of allegations of sexual abuse and sexual harassment that were received = 0 o The number of allegations resulting in an administrative investigation = 0 o Referring to allegations received, all administrative and/or criminal investigations that were completed = 0 o Number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the past PREA audit = 0 In the initial discussion with the PREA Coordinator/Mt. Meigs Compliance Manager she indicated there were no allegations of sexual abuse or sexual harassment received or investigated during the audit review period for the Mt. Meigs Campus. This information shared was consistent with what was documented on the Pre-Audit Questionnaire. The PREA Coordinator/Mt. Meigs Compliance Manager informed the auditor there is a Chief Investigator and two Special Investigators that report to the Chief. The PREA Coordinator stated when she is made aware of an allegation of sexual abuse or sexual harassment, she immediately notifies the investigation department as well as others in executive leadership, primarily via email. The PREA Coordinator will also provide any supporting documentation (e.g., filed grievances, incident reports) to the investigators as well as answer any questions that may be asked throughout the investigation. At the conclusion of the investigation, the PREA Coordinator/Mt. Meigs Compliance Manager is made aware of the outcome of the investigation by receiving the completed PREA Form 115.371.1.

During interviews with residents selected at random, one (1) youth disclosed that he made a verbal report to a team leader about an incident of sexual abuse that occurred “about a year ago.” The resident reported that another youth at the Mt. Meigs campus touched him [alleged victim] on his “butt” during a work detail. The auditor inquired if there was any altercation before or at the time of the alleged abuser touching his butt, and the alleged victim stated “no.” The resident disclosing this report of alleged sexual abuse stated that about a week after reporting the incident to his team leader, a male investigator did come to speak with him about the alleged incident. The resident stated that he has not received any follow-up from Mt. Meigs officials regarding the outcome of the investigation.

During formal interviews with two (2) investigative staff the auditor inquired about any allegations of sexual abuse and sexual harassment received or investigated for the Mt. Meigs campus in the past 12 months. Both special investigators initially stated there were no allegations of sexual abuse and sexual harassment investigated during this period. One investigator reported that she was hired less than a year ago and had yet to investigate any incidents of sexual abuse or sexual harassment for the campus. The investigators shared how they are made aware of alleged incidents of sexual abuse and sexual harassment (e.g., notified by PREA Coordinator) and assigned cases for investigation. The investigators follow the procedures outlined in DYS Policy and Procedures 13.8.1 and had a copy of the policy readily available during discussions. The auditor inquired how critical incidents are tracked and assigned for investigation. The investigators informed the auditor that the investigation department has a shared drive where all investigations are logged on a spreadsheet by the department’s assistant and then assigned to an investigator. The auditor requested to view the spreadsheet and obtain a copy of all critical incidents logged for the Mt. Meigs campus in the past 12 months. One of the investigators then stated there was an incident that occurred in 2022 of a youth filing a grievance about sexual conduct with other residents, however, the resident recanted his statements. The auditor informed the investigator the file for that incident and any similar incidents would need to be reviewed. The auditor was able to review the electronic version of the investigation spreadsheet that logs critical incidents, and the auditor obtained a hard copy. During interviews and discussions with the investigators the auditor reviewed the video surveillance system for the campus. The investigator navigated to all housing units on the surveillance and disclosed that review of video surveillance is a part of the investigation process that takes place. The auditor inquired if residents are required to submit to a polygraph as part of investigations, and the investigators both indicated “no.”

The investigation department spreadsheet of critical incidents includes the following: a case #, student (victim involved), staff(s) involved, campus, type of

	incident, investigator, incident date, date complaint received, date report received from investigator, and a brief synopsis. Review of the spreadsheet for 2021 indicated 21 total cases of which, 1 denotes an “alleged sexual misconduct” incident that involved a resident and staff. The investigation file was requested, however, upon examination of the record it was determined the “campus” was mislabeled and the alleged sexual abuse incident was not for the Mt. Meigs campus. Review of the investigation department spreadsheet for 2022 revealed 9 total cases of which 2 were labeled (i.e., type of incident) as “possible sexual conduct.” The “synopsis” for both cases specified the incident “does not meet definition of sexual conduct.” One of the files examined for 2022 was mislabeled on the spreadsheet and was for another agency campus. The second file examined for 2022 did reflect a completed administrative investigation according to DYS Policy and Procedures 13.8.1. The file contained a completed 115.371.1 with the case being closed as “unfounded.” The auditor conducted a follow-up discussion with investigative staff because of the alleged sexual abuse incident disclosed during a random resident interview. An investigator did acknowledge meeting with the resident, however, stated the allegation did not meet the agency definition of sexual conduct. Additionally, the investigator indicated there was no official investigation file created for the alleged incident. A review of the 2021 investigation spreadsheet did not reflect a log of this incident for the Mt. Meigs campus; however, during the post-audit evidence period and examination of the spreadsheet, the auditor did observe a log of the incident, but it was specified for the “Vacca” campus as a “possible sexual conduct.” The synopsis for this incident denotes the student “claims he was touched on the buttocks” by another student. The auditor requested documentation from the PREA Coordinator/Mt. Meigs Compliance Manager of information in her records regarding notifications made of the alleged incident, a copy of the incident report, and any other relevant materials. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.371 due to not complying in all material ways with this standard** PREA Juvenile Facility Standards §115.6 Definitions related to sexual abuse (page 7-8) indicates sexual abuse of a resident by another resident includes “(4) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.” DYS Policy and Procedures 13.8.1 Definitions (page 3) indicates sexual conduct is

defined as “any act of intercourse between persons; or any other physical contact with a person’s unclothed genitals, pubic area, buttocks, breast or breasts of a female, whether alone or between members of the same or opposite sex in an act of sexual arousal, gratification, perversion or abuse.”

The alleged sexual abuse incident reported to DYS officials by a resident assigned to the Mt. Meigs campus in August 2021 should have received a full administrative investigation in accordance with PREA Juvenile Facility Standards. The alleged victim reported that another resident touched him directly on his buttocks and the contact was not incidental to a physical altercation. This description meets the PREA Juvenile Facility Standards definition of “sexual abuse” (see above). The DYS definition indicates physical contact with a person’s unclothed buttocks in an act of sexual arousal, gratification, perversion, or abuse would meet the agency’s definition of sexual conduct. Several elements differ in the two definitions outlined above and thus resulted in the incident not receiving a full administrative investigation.

Corrective action recommended for substantial compliance with PREA standard 115.371:

Agency officials will need to (1) revise its definition of sexual conduct to ensure all allegations of sexual abuse as defined by the PREA Juvenile Facility Standards [refer to recommendation for PREA Standard 115.311] receive a prompt, thorough and objective investigation; (2) conduct a thorough and objective investigation of case # 2021-08-027 according to DYS Policy and Procedures 13.8.1 (XIII) Criminal and Administrative Investigations; (3) conduct a review of all sexual abuse/sexual harassment tracking logs and files, and reconcile any discrepancies found between all documents. After conducting this review, agency officials will need to update the Pre-Audit Questionnaire and all official PREA data reports to reflect the total number of allegations of sexual abuse and sexual harassment received, investigated, and completed in the past 12 months.

Corrective Action (Phase 4) Follow-Up: During the corrective action phase of the audit Alabama Department of Youth Services (ADYS) made revisions to the agency's official zero tolerance Policy, DYS Policy and Procedures 13.8.1; conducted a thorough and objective investigation for case # 2021-08-027 according to agency policy; and conducted a review and made revisions to its tracking logs to accurately reflect PREA-related incidents. On November 14-15, 2022, the Auditor conducted a follow-up onsite visit during the corrective action period to review investigation files, meet with investigative staff, and conduct random youth interviews in order to determine substantial compliance with this standard. The agency reported they were not able to make edits to the Pre-Audit Questionnaire; however, did provide an accurate reporting to the auditor on all allegations of sexual abuse and sexual harassment received, investigated, and completed in the past 12 months. Based on actions taken by ADYS officials during the corrective action period, the auditor has

	determined the facility meets PREA Standard 115.371.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and · Administrative Investigations Files, 2. Interviews/Discussions with: · Agency Head (Executive Director) · Investigative Staff (2) **Analysis and triangulation of information**: this standard requires the agency to consider allegations to be substantiated if most of the evidence supports it. The Mt. Meigs PAQ indicates the evidentiary standard for administrative investigations is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 indicates it facilities “shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated. In the interview with the Executive Director, it was reported that the investigative team receives extensive investigative training that includes attendance at conferences across the country. The investigative staff also indicated the comprehensive training received and stated that both had a background in law enforcement prior to employment with the agency. A sample of administrative investigative files were reviewed for proper standard of proof and no deficiencies were observed. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.372: by complying in all material ways with this standard for the review period.**

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment, and · 115.373 Juvenile Notification of Investigation Outcome, 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Investigative Staff (2) · Random Resident (1) 3. Follow-up Onsite Visit to the Mt. Meigs Campus [November 14-15, 2022] During the Corrective Action Period **Analysis and triangulation of information**: this standard requires that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Mt. Meigs PAQ indicates the facility's procedure for resident reporting is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 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."

DYS officials provided the following responses on the Mt. Meigs Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months:

o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0

o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation = 0

o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0

o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No

During random resident interviews one youth disclosed a verbal report he made to staff (i.e., team leader) of an allegation of sexual abuse with the alleged offender being another resident. Review of investigative files provided to the auditor did not reflect an investigation for this alleged sexual abuse incident. Additionally, the alleged victim stated he has not been notified of any outcome of the investigation into his complaint.

Review of a sample of investigative files provided to the auditor revealed one completed investigation [case # 2022-04-010] of alleged sexual abuse involving residents during the review period. The outcome of the investigation was determined to be "unfounded." During interviews with investigative staff, it was reported the 115.371.1 was completed for this case with a copy being provided to the PREA Coordinator. The investigative staff went further to state that notification to residents about the outcome of investigations are completed by the agency PREA Coordinator. The auditor requested documentation for this incident from the PREA Coordinator/Mt. Meigs Compliance Manager, regarding the completed 115.373 Juvenile Notification of Investigative Outcome. The resident who completed the written report (i.e., grievance) for this case was no longer assigned to the facility at the time of the onsite audit; therefore, the auditor was not able to interview this youth on whether he was notified of the investigation outcome.

Based on the evidence reviewed and analyzed, it has been determined by

	the auditor that the agency does not meet Standard 115.373 due to not complying in all material ways with this standard: The information provided on the Pre-Audit Questionnaire completed by DYS officials is not consistent with documentation in investigative files and logs regarding sexual abuse incidents alleged during the past 12 months. Additionally, no documentation was provided to the auditor as proof that a resident were notified of the outcome of a completed investigation. **Corrective action recommended for substantial compliance with PREA standard 115.373:** Agency officials will need to (1) provide a copy of the completed 115.373 Juvenile Notification of Investigative Outcome for case # 2022-04-010, if the resident is still in a DYS-operated or contract confinement facility (2) conduct a review of all sexual abuse and sexual harassment tracking logs, and reconcile any discrepancies found between all documents. After conducting this review, DYS officials will need to update the Pre-Audit Questionnaire and all official PREA data reports to reflect the total number of allegations of sexual abuse and sexual harassment completed in the past 12 months. Additionally, the PAQ will need to be updated to reflect the total number of investigations in the past 12 months that were completed of alleged sexual abuse; that residents were notified, verbally or in writing, of the results of the investigation. **Corrective Action (Phase 4) Follow-Up**: During the corrective action phase the Auditor returned to the Mt. Meigs campus on November 14-15, 2022 for a follow-up visit to review investigation files, meet with investigative staff, and conduct random interviews with residents. Investigation files reflected a signed copy of the juvenile notification of investigation outcome (i.e., ADYS PREA form 115.373) for all resident who were present at the facility upon completion of PREA-related investigations. Based on discussions with investigative staff, review of investigation files, random resident interviews, and discussion with the PREA Coordinator, the Auditor has determined the facility meets PREA Standard 115.373.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Administrative (Human Resources) Staff **Analysis and triangulation of information**: this standard requires consequences for staff who violate agency policies on sexual abuse or sexual harassment. The Mt. Meigs PAQ indicates disciplinary sanctions for staff are outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 states “staff shall be subject to disciplinary sanctions up to and including termination for violating Facility Sexual Abuse or Sexual Harassment policies.” It goes further to state that “termination shall be the presumptive disciplinary sanction for staff who has engaged in Sexual Abuse.” Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months: o The number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies = 0 o The number of staff from the facility that have disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies = 0 o The number of staff from the facility that have been reported to law enforcement

	or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies = 0 Information provided on the PAQ completed by Mt. Meigs officials about staff disciplinary sanctions was consistent with information shared by the Director of Human Resources during her interview with the auditor. The agency takes all allegations of staff sexual abuse and sexual harassment very serious as well as takes immediate measures to impose disciplinary sanctions that are commensurate with the nature and circumstances of the acts committed. Based on information provided on the Mt. Meigs PAQ as well as discussions with human resources staff, there were no records to sample with respect to staff terminations, resignations, or other sanctions for violations of the sexual abuse and sexual harassment policy in the past 12 months at the Mt. Meigs campus. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.376: by complying in all material ways with this standard for the review period.**

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Campus Administrator **Analysis and triangulation of information**: this standard requires consequences for contractor or volunteer violations of the agency's sexual abuse and sexual harassment policies. The Mt. Meigs PAQ indicates corrective action for contractors and volunteers is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures indicates "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." DYS officials provided the following responses on the Pre-Audit Questionnaire with respect to corrective actions taken against contractors and volunteers in the past 12 months: o Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents = No o The number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents = 0

	DYS officials did not provide any documentation to the auditor of any referrals being made to law enforcement and/or relevant licensing bodies in the past 12 months. The Campus Administrator indicated she was not aware of any remedial measures taken against any contractors or volunteers due to violating the agency's policy regarding sexual abuse and sexual harassment. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.377: by complying in all material ways with this standard for the review period.**

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Mt. Meigs Campus Student Handbook · PREA Form 115.342.1 Isolation Activity Log, and · Administrative Investigation Files 2. Interviews/Discussions with: · Campus Administrator · Mental Health Staff (2) **Analysis and triangulation of information**: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The Mt. Meigs PAQ indicates interventions and disciplinary sanctions for residents are outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes “any disciplinary sanction 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 exercises 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.” The policy goes further to state “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 Campus Administrator did not disclose any instances of disciplinary sanctions taken against residents within the past 12 months as a result of sexual abuse or sexual harassment of another resident. Interviews with mental health staff revealed the facility offers both individual and group sexual behavior counseling and treatment to residents at Mt. Meigs. The Mt. Meigs student handbook provides residents with information on what is considered a major rule violation. Such violations include sexual assault or sexual conduct with consequence and disciplinary charges that could be filed against violators. Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months: o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0 Information shared in discussions with both the PREA Coordinator/Mt. Meigs Compliance Manager and Campus Administrator regarding resident discipline for sexual abuse was consistent with responses provided on the Pre-Audit Questionnaire. Further, none of the administrative investigation files provided to the auditor for review revealed any information regarding sanctions imposed against residents because of investigatory findings. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.378: by complying in all material ways with this standard for the review period.**

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.381 Clinical Services Consent to Treatment, · PREA Form 115.381a Release of Information, · PREA Form 115.381.1 Mental Health File Access Register, and · PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Medical and Mental Health Staff (4) · Staff that Perform Screening for Risk of Victimization and Abusiveness (2) · Resident Who Disclosed Prior Sexual Victimization During Risk Screening (1) 3. Site Review/Observations: · Informal discussions with medical and mental health staff **Analysis and triangulation of information**: this standard requires facilities to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The Mt. Meigs PAQ indicates information on this standard is outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procures 13.8.1 indicates “If the screening indicate that a resident has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse, whether it occurred in an institution 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.” The policy goes further to state that “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.”

Mt. Meigs officials provided the following responses on the Pre-Audit Questionnaire with respect to medical and mental health screenings for residents with a history of sexual abuse in the past 12 months:

o The percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner = 100%

o The percent of residents who disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner = 100%

The PREA Coordinator/Mt. Meigs Compliance Manager informed the auditor of one resident at the facility during the onsite audit, who disclosed prior victimization during his intake screening. This resident was selected for a targeted interview. The resident informed the auditor that a follow-up meeting with a mental health practitioner was offered to him; however, he declined those services. He went further to state that he receives weekly counseling services as part of his rehabilitative program and feels that treatment is sufficient. The PREA Coordinator/ Meigs Compliance Manager stated that she serves as a victim advocate for the campus. An interview with Mt. Meigs staff who perform screenings for risk of victimization and abusiveness took place. Mental health staff informed the auditor that any resident who discloses prior sexual victimization or abusive behavior is offered a follow-up meeting with a medical or mental health practitioner.

During the site review the auditor conducted observations and informal interviews with both medical and mental health staff. Residents were observed in the medical unit and meeting with medical staff in a confidential area. The auditor asked medical and mental health staff to whom they disclose information learned from screening. The auditor was informed of the tracking log to access a resident’s file, which is in place to ensure only staff needing access are reviewing the file. The

	115.381.1 Mental Health File Access Register includes a section for “file checked out by.” The auditor was able to review the register during the site review and informal interviews with clinical staff. Clinical staff ask residents over the age of 18 to sign a release of information document before reporting information about prior sexual victimization that did not occur in an institutional setting (i.e., PREA Form 115.381a). Information about sexual victimization or abusiveness is limited to clinical staff and upper management (e.g., campus administrator) staff making facility security and management decisions. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.381: by complying in all material ways with this standard for the review period.**

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate 2. Interviews/Discussions with: · Medical and Mental Health Staff (4) · Random Resident (1) 3. Site Review/Observations: · Informal discussions with residents during site review **Analysis and triangulation of information**: this standard requires the facility the provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The Mt. Meigs PAQ indicates access to emergency medical and mental health services are outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 provides detailed information on the medical and mental health staff responsibilities following an allegation of sexual abuse. Treatment of alleged victims of sexual abuse must occur with 72 hours of an incident. On-site nursing treatment services are limited to stabilizing the resident without interfering with evidence. A forensic examination is immediately requested of the Rape Crisis Center under contract with the facility. The policy indicates that

	forensic exams are available at no cost to residents with the exam being performed by a SAFE/SANE. According to the policy, the facility also can provide a qualified victim advocate in the event the rape crisis center does not provide such services. During formal interviews with both medical and mental health staff, all reported that resident victims of sexual abuse will have unimpeded access to emergency medical treatment as well as crisis intervention services. None of the medical and mental health staff disclosed any knowledge or suspicion of sexual abuse or sexual harassment of residents in the past 12 months. The nature and scope of emergency and mental health services are determined according to the professional judgment of practitioners. The facility has only male residents; however, they would be offered treatment for sexually transmitted infections following any incidents of sexual abuse that occurs at the facility. During random resident interviews one (1) youth disclosed he was touched on his buttocks by another resident. The alleged victim did not report the incident to staff for one week and stated he did not recall being offered mental health services. The alleged victim, did, however, stated that he was currently receiving counseling services and can talk about any concerns that he has with his therapist/case manager at the facility. During the site review the auditor did observe residents in counseling offices with case managers or meeting with therapists via Zoom. Residents on housing units were asked about access and locations of mental health services. Majority of the youth reported that counseling with their therapist has been occurring via Zoom due to the COVID-19 pandemic. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.382: by complying in all material ways with this standard for the review period.**

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Mental Health Staff (2) **Analysis and triangulation of information**: this standard requires nonemergency medical and mental health treatment to be offered to resident who are victims of sexual abuse in the facility. The Mt. Meigs PAQ indicates ongoing medical and mental health care for sexual abuse victims and abusers is outlined in DYS Policy and Procedures 13.8.1. Interviews with mental health staff revealed that Mt. Meigs offers individual and group counseling services onsite to its residents, to include sex offender treatment as well as cognitive behavioral therapy (CBT). During the site review, the auditor visited the sex offender treatment program and observed some of the treatment service materials. Clinical staff that were present during the site review indicated that all residents, to include any sexual abuse victims or abusers, receive counseling services with a quarterly case review occurring for each resident assigned to the program. Informal interviews with medical staff indicated testing for sexually transmitted infections are offered at no cost to any resident who has been sexually abused during their stay at Mt. Meigs; however, medical staff could not recall any resident needing such testing in the past 12 months. **Based on the evidence reviewed and analyzed, it has been determined by**

	the auditor that the agency meets Standard 115.383: by complying in all material ways with this standard for the review period.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.386 Sexual Abuse Critical Incident Review, · Administrative Investigation Files 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Campus Administrator **Analysis and triangulation of information**: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The Mt. Meigs PAQ indicates the procedures for the sexual abuse incident review is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 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 policy goes on to state the review team shall “prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement an submit such report to the Facility head and DYS/contract service provider PREA Coordinator.” The DYS officials provided the following responses on the Mt. Meigs Pre-Audit Questionnaire with respect the sexual abuse incident reviews in the past 12 months:

	o The number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents = 0 o The number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents = 0 Discussion with both the PREA Coordinator/Mt. Meigs Compliance Manager and Campus Administrator revealed there were no sexual abuse incident review meetings that occurred in the past twelve months for the Mt. Meigs campus. The PREA Coordinator informed the auditor the review team includes upper-level management officials with input from unit managers, investigators, medical and mental health practitioners. All sexual abuse incident review team finding reports are maintained by the PREA Coordinator. While there were no sexual abuse incident reviews conducted during the past 12 months, the auditor did request to view a copy of the most recent/last sexual abuse incident review completed for the Mt. Meigs campus. Administrative investigation files were provided to the auditor for review. One of the files provided revealed a completed administrative investigation of alleged sexual abuse. The outcome of that investigation was “unfounded.” None of the files provided for review contained any completed administrative or criminal investigations that were substantiated or unsubstantiated within the past 12 months. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.386: by complying in all material ways with this standard for the review period.**

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Annual Report - 2020 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager 3. Site Review/Observations: · Review of PREA section on the agency website **Analysis and triangulation of information**: this standard is about the incident-based data gathered by the facility for every allegation of sexual abuse at its campus. The Mt. Meigs PAQ indicates its standard for data collection is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes “facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report.” Facilities are to “maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and Sexual Abuse incident reviews.” The auditor requested a copy of the annual PREA Form 115.387 PREA Data Report completed. The PREA Coordinator/Mt. Meigs Compliance Manager indicated this form is no longer used by the department. A copy of the most recent SSV-5 was also

	requested by the auditor. The PREA Annual Report for 2020 was observed on the agency website. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.387: by complying in all material ways with this standard for the review period.**

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager · Agency Head (Executive Director) 3. Site Review/Observations: · Review of PREA section on the agency website **Analysis and triangulation of information**: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The Mt. Meigs PAQ indicates sexual abuse and sexual harassment data review for corrective action is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 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.” Each agency annual report “shall be approved by the Agency Executive Director and made readily available to the public through the website.” During interviews with the Agency Head and PREA Coordinator it was disclosed that an annual PREA report is completed by the PREA Coordinator. The report is signed

	by both the PREA Coordinator and Executive Director. The 2020 PREA Annual Report was observed on the agency website. This report includes all the elements outlined in the agency policy. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.388: by complying in all material ways with this standard for the review period.**

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), 2. Interviews/Discussions with: · Agency PREA Coordinator/Mt. Meigs PREA Compliance Manager 3. Site Review/Observations: · Review of PREA section on the agency website **Analysis and triangulation of information**: this standard requires that sexual abuse data be stored, published and retained by the agency. The Mt. Meigs PAQ indicates the agency's process for data storage, publication and destruction is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes that "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." The policy goes further to state that "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." During discussion with the PREA Coordinator it was revealed that aggregate sexual

	abuse data is collected, aggregated, and published on the agency website. Additionally, all case records of sexual abuse and sexual harassment incidents are retained for at least ten years. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.389: by complying in all material ways with this standard for the review period.**

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Final PREA Reports – Agency Website · Google search of information about the Mt. Meigs Campus **Analysis and triangulation of information**: this standard requires agencies to have all operated and contracted facilities audited once during every three-year audit cycle period. The Mt. Meigs PAQ indicates the frequency and scope of PREA audits is outlined in DYS Policy and Procedures 13.8.1. DYS Policy 13.8.1 states “if a contract service provider operates the Facility or multiple Juvenile facilities under contract with DYS, that provider is considered an Agency of their own, and they, according to PREA, are required to have all of their facilities audited within a three-year cycle, beginning with the first-year cycle covering August 20, 2013, through August 20, 2014. If the Agency has only one Facility, PREA standards require the Facility to be audited in the first-year cycle and they would not be audited for another three years unless they open a new Facility. If an Agency operates multiple facilities, it is required that they have 1/3 of each type of Facility operated by the Agency audited each year beginning within the first year of the cycle.” Review of the agency website indicates three (3) state-operated facilities and nine (9) contracted facilities. Each facility has been audited at least once in the current three-year cycle with the Final PREA Report available on the agency website. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.401: based on complying**

	in all material ways with this standard for the review period.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Mt. Meigs Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Final PREA Reports – Agency Website **Analysis and triangulation of information**: this standard regarding audit content and findings, is outlined in DYS Policy and Procedures 13.8.1. Review of the Alabama Department of Youth Services website indicates the last PREA Final Report completed for the agency was on 7/24/21 for one of its state operated DYS facilities. PREA Final Reports are also made available on the agency's website for 9 contract facilities and the other two state operated facilities, to include the last Mt. Meigs Campus Final PREA Report dated for March 10, 2019. **Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.403: based on complying in all material ways with this standard for the review period.**

Appendix: Provision Findings		
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	
	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"	yes

	or areas where staff or residents may be isolated)?	
	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
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.)	na

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
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)	na
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	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
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
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.)	yes

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.)	yes
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
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.)	na
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

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
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
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.)	na
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

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

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?	yes

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
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
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
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

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
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
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

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

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
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
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).)	yes
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
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

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

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.)	na
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.)	na
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

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
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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