

PREA Facility Audit Report: Final

Name of Facility: Working on Womanhood (WOW) Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 08/07/ 2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	06/20/2023
End Date of On-Site Audit:	06/21/2023

FACILITY INFORMATION	
Facility name:	Working on Womanhood (WOW) Program
Facility physical address:	6001 12th Avenue East , Suite B, Tuscaloosa, Alabama - 35405
Facility mailing address:	P.O. Box 870317, Tuscaloosa, Alabama - 35487

Primary Contact	
Name:	Paxton Kelly
Email Address:	pekelly@ua.edu
Telephone Number:	205-539-2117

Superintendent/Director/Administrator	
Name:	Jill Beck
Email Address:	jrbeck2@ua.edu
Telephone Number:	(205) 348-2992

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

Facility Health Service Administrator On-Site	
Name:	Kim Burke
Email Address:	kburke@ches.ua.edu
Telephone Number:	(205) 343-2878

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	12
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Females
Age range of population:	12-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	41
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9

AGENCY INFORMATION

Name of agency:	Youth Services Institute at the University of Alabama School of Social Work
Governing authority or parent agency (if applicable):	
Physical Address:	1500 Greensboro Avenue , Suite 3 Box 870316, Tuscaloosa, Alabama - 35487
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Paxton Kelly	Email Address:	pekelly@ua.edu
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Facility AUDIT FINDINGS

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:

7

- 115.312 - Contracting with other entities for the confinement of residents
- 115.313 - Supervision and monitoring
- 115.318 - Upgrades to facilities and technologies
- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.351 - Resident reporting
- 115.381 - Medical and mental health screenings; history of sexual abuse

Number of standards met:

36

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:	2023-06-20
2. End date of the onsite portion of the audit:	2023-06-21

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (no information received) Tuscaloosa SAFE Center Inc. Children's Hospital Intervention and Prevention Services (d/b/a CHIPS)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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:	11
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:	0
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:	1
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:	3

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>5</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>On day one of the on-site portion of the audit, the facility's population was eleven, the auditor was able to interview all youth housed at the facility. The auditor identified five youth that met three of the above categories.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>41</p>
<p>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:</p>	<p>9</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>Working on Womanhood does not employ individual contract employees. There were no volunteer services occurring at the facility during the on-site portion of the audit. Case Workers employees are provided by the University of Alabama.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 interviewed all residents housed at the facility during the on-site portion of the audit.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
<p>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".</p>	
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:	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that had physical disabilities.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that had cognitive disabilities.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that was hard of hearing or deaf.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that was limited English proficient.</p>
<p>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:</p>	<p>3</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that identified as transgender or intersex.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. There was no youth housed at the facility that reported sexual abuse.</p>

<p>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:</p>	<p>5</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>There was no youth housed in segregation during the 12-month preceding the audit that had been placed in segregated housing for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor interviewed all residents housed at the facility during the on-site portion of the audit. The facility does have two segregation cells, but they are not utilized. All youth are housed in single rooms. Should a youth need to be isolated from other youth, the youth would be housed in her room or one of the two observation rooms.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 audit interviewed staff by length of tenure in the facility, shift assignments, work assignment and rank. The auditor had no barriers completing random staff interviews.
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):	17
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor selected specialized staff using the PRC Interview Protocols. Staff were selected for interview from Youth Services Institute and the Working on Womanhood program.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>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)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:</p>	<p>During the on-site portion of the audit, the facility had no new arrivals. However, the auditor discussed in detail the process with staff that conducts intake screenings assessments. The facility does not conduct formal 30 day reassessments; youth meet with their therapist weekly.</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>The on-site audit was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site portion of the audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was able to move about the facility any time needed. The auditor tested phones to ensure they were operational, observed PREA signage; flyers for outside services offered were posted throughout the facility. The auditor informally interviewed staff and residents. The Notice of PREA Audit was observed posted throughout the facility and in the living pods. The notice contained contact information for the auditor. Prior to the onsite portion of the audit the auditor received no correspondence from residents, staff, visitors, volunteers, or other outside interested parties.</p>

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.).

The auditor provided the facility an extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available. The auditor reviewed documentation uploaded in the on-line Pre- Audit Questionnaire. During the report writing phase the auditor requested additional documents and clarification for two standards.

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	2	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	3	1	3	1

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	7	0	7	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	7	0	7	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	0	1	1	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	1	2	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	6	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	6	1

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:

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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 facility had ten allegations of sexual abuse or sexual harassment during the 12-months preceding the audit. The facility provided copies of all investigations for review. Only one youth-on-youth sexual harassment allegation was substantiated during the 12-month period. Seven were unsubstantiated and one was unfounded.

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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.311:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 3. The University of Alabama, Child Abuse Reporting Policy and Procedure 4. WOW organizational chart 5. YSI organizational chart 6. WOW PREA Coordinator 7. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator (DYS)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.311 (a): The WOW program is governed by the University of Alabama School of Social Work and serves as a contracted facility for the Alabama Division of Youth Services (DYS). The WOW program has policies and standards promulgated by DYS policy that governs its program. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), pages 2 of 31, states that the “The Alabama Department of Youth Services, in compliance with the Prison Rape Elimination Act of 2003, has established a zero tolerance for incidents of Resident Sexual Abuse and Assault, Rape or Sexual Harassment in any DYS or contract service provider facilities”. The policy further states that “regulatory guidelines outline how the WOW program plans to comply with DYS policy and implement the Agency’s approach to preventing, detecting, and responding to allegations and incidents of sexual misconduct”. Additionally, the University of Alabama, Child Abuse Reporting Policy and Procedure further clarifies the organizations commitment to operate a working environment free of child abuse.

In response to the PAQ, the WOW program, reported that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contact. The facility reported having a policy outlining how it will implement the agencies approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agencies policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The auditor interviewed the DYS PREA Coordinator. The Coordinator confirmed the above standards and requirements of the WOW program.

A review of the documentation, interviews with staff, and review of relevant policies, indicates that the facility follows the provisions of this standard.

115.311 (b): The WOW program employs an upper level, agency wide PREA Coordinator. According to the WOW and the YSI organizational chart, the PREA Coordinator reports to the YSI director. The WOW program is an umbrella program under YSI. The PREA Coordinator does not supervise any PREA Compliance Managers. Due to the facility structure there are no designated PREA Compliance Managers. The PREA Coordinator is a full-time position, responsible for the development, implementation, and oversight of PREA standards at all the assigned facilities. Regular interactions occur via email, conducting training via classroom, or webinar.

During interview, the PREA Coordinator confirmed she has sufficient time to develop, implement, and oversee the agency’s efforts to comply with the PREA standards in the WOW program. It should be noted that the responsibilities of the role of the PREA Coordinator are completed as required by the standard.

A review of the documentation, interviews with staff, and review of relevant policies, confirmed that the facility is in compliance with the provisions of this standard.

	<p>115.311 (c): In response to the PAQ, the WOW program does not have a designated PREA Compliance Manager. The WOW program does not operate more than one facility/program; therefore, there are is not a designated PREA Compliance Manager.</p> <p>The WOW program provided an organizational chart that outlines the setup of the organization.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.312:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 3. Intergovernmental Agreement (Alabama DYS and the University of Alabama) <p>The following staff was interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>Contract Monitor (DYS)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.312 (a): The WOW program is contracts with the Alabama Department of Youth Services. The WOW program does not have the authority to contract with other entities for the confinement of youth. It should be noted that Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022),(pg. 2), requires as a DYS contract service provider, the WOW program must comply with the DYS policy and implement the agency’s approach to preventing, detecting, and responding to allegations and incidents of sexual misconduct.</p> <p>The Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into zero contracts since the last PREA audit; conducted August 2020.</p>

115.312 (b): The WOW program is a contracted entity of the Alabama Division of Youth Services (DYS). The auditor interviewed the DHS contract monitor and it was reported that DHS monitors the program, to include the requirements of the PREA standards. The monitoring practices include but are not limited to: review of incident reports, follow up with the WOW PREA Coordinator on incident findings, review follow up services (i.e. follow up with therapist), and review allegations of sexual abuse or sexual harassment. Site visits occur two times per month. During those site visits, DHS will review for clinical care documentation, observations, direct conversation with youth, and clinical file review.

The auditor interviewed the DHS contractor administrator. The DHS contract administrator reported they are responsible for monitoring the WOW program. In the event of a PREA allegation, the WOW program will send the incident reports and the DHS contract administrator will follow up with the PREA Coordinator on the findings and will ensure that the resident has had follow up with the therapist. Most of the claims are of sexual harassment. The DHS contract administrator will conduct site visits two times per month; reviewing for clinical care, cleanliness and repairs. Observations are made by talking to youth who have made any allegations and they will check files for clinical review and case planning.

The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.312 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.313:</p> <ol style="list-style-type: none"> 1. WOW Program Staffing Plan Reviews (2023, 2022, 2021) 2. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 3. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 4. Supervision Monitoring Log/Unannounced Rounds (20) 5. Staffing Outline <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p>

Specialized Staff (3)

1. Program Director
2. PREA Coordinator
3. Upper-level Staff Unannounced Rounds

In order to determine compliance, the following observations were made during the on-site facility tour:

1. Observations of Staffing Plan on all shifts.
2. Observations of camera locations.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.313 (a): The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 12. Additionally, the average daily number of residents in which the staffing plan was predicted is 12. The WOW program provided policies, annual staffing plans, memos, annual reports, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The facility has had no deviations from the Staffing Plan during the 12-months preceding the audit.

115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

During interview, the Director also reported that she checks for compliance with the staffing plans completing weekly schedules, random checks, camera review; and assigns a designated leader for shift changes. If there is ever an issue with meeting the program ratios of 1:4 during waking hours and 1:8 during sleeping hours, the program will hold over staff.

115.313 (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

During interviews with the Director and PREA Coordinator, the facility regularly develops an annual staffing plan and documents any necessary changes. The plan assessing the following:

1. Adequate staffing levels
2. Video monitoring

According the WOW program Staffing Plan (dated January 2023); there have been changes to the staffing numbers within the 12-months preceding the audit. The changes include one full time therapist and one PhD Intern.

The staffing plan further indicated that the program maintained the same staff/youth ratios of 1:4 and 1:8. In review of shift rosters, the WOW program exceeded the requirements of the standard.

115.313 (e): Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

The WOW program has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The two intermediate or higher-level staff interviewed reported that unannounced rounds are conducted by randomly

	<p>walking through the facility. The rounds occur at least twice per month. They will also review the logbook and video monitoring system. There is form utilized to document the results of the unannounced rounds.</p> <p>The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.313 (c) based upon interviews with staff, review of staffing plans, review of unannounced rounds, and site observations conducted by Auditor.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.315:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Alabama Department of Youth Services Policies 3. Working on Womanhood (WOW) (Program Procedures) 4. Working on Womanhood (WOW) Pre-Audit Questionnaire (PAQ) 5. Search and Seizure (The Working on Womanhood Program) <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Random Staff (12) 2. Random Residents (6) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>In response to the PAQ, the WOW program does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations,</p>

(dated 08/19/2022), (pg. 13), states that “non-medical WOW staff will not conduct Cross-Gender Strip Searches or Cross-Gender visual body cavity searches (meaning a search of the anal or genital opening) except in Exigent Circumstances”. It further states that only female staff will conduct searches of all program residents (pg. 14).

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

The WOW program reported in the PAQ that it does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. It was also reported that there were zero pat-down searches of female residents that were conducted by male staff.

Twelve (12) direct care staff, representing staff from all shifts were interviewed. One hundred percent of staff interviewed indicated that cross-gender pat searches were not permitted. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches of transgender and intersex residents; however, most of the staff stated any searches would be conducted by female staff.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

In response to the PAQ, policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. The program reported in the PAQ that there was no cross-gender strip or cross-gender visual body cavity searches conducted at the facility in the 12- months preceding the audit.

115.315 (d): The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

In response to the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks, along with policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 14), states that residents will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the

	<p>opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to routine room checks. The policy further requires that male staff will not enter female residents' living units without being accompanied by female staff. The WOW program does utilize the approach of opposite gender staff making an announcement upon entering the unit. As indicated in the policy, such approach is determinate to the treatment modality and the voice announcement of male staff could trigger unpleasant memories for the residents. Male staff immediately speaks to residents when entering the living units.</p> <p>115.315 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>One hundred percent of security staff have been trained to conduct cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Staff will not search a transgender resident to determine their sexual.</p> <p>A review of documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard</p> <p>Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.316:</p> <ol style="list-style-type: none"> 1. Alabama Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Alabama Department of Youth Services Policies, Working on Womanhood (WOW) (Program Procedures) (Residential Life, Programming and Services Chapter) 3. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 4. Interpreter Contract 5. PREA Posters 6. PREA Brochure <p>The following staff were interviewed to determine compliance with this standard:</p>

Specialized Staff (1)

1. Agency Head
2. Random Staff (12)
3. Random Residents (6)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

As reported in the PAQ, the WOW program has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Alabama Department of Youth Services Policy 13.8 and 13.8.1, (pg.10) states that PREA information "will be provided in formats accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Residents who have limited reading skills". The policy further indicates that residents, who are deaf or hard of hearing, will be provided access to interpreters.

The program provides written material modified in various formats for effective communication. Such formats include but are not limited to residents who have intellectual disabilities, limited reading skills, are blind, or low vision. According to the Alabama Department of Youth Services Policies and Working on Womanhood (WOW) (Program Procedures) (Residential Life, Programming and Services Chapter), as determined by the Program Director and facility multidisciplinary team, the Youth Handbook is translated into the language spoken by the student in the program.

During the on-site portion of the audit, one resident with low vision was interviewed by the auditor.

115.316 (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In response to the PAQ, the WOW program, the WOW program has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Alabama Department of Youth Services Policy 13.8 and 13.8.1, (pg.10) states that PREA information will be provided in formats accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Residents who have limited reading skills. The policy further indicates that residents, who are deaf or hard of hearing, will be provided access to interpreters.

There were no LEP residents housed at the facility during the on-site portion of the audit to interview.

115.316 (c): Agency policy prohibits use of 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.

The interviewed agency head stated that PREA information will be provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Residents who are deaf or hard of hearing, will be provided access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Written materials are modified in various formats to ensure effective communication with residents who have intellectual disabilities, limited reading skills, are blind, or have low vision.

In response to the PAQ, the WOW program prohibits the use of resident interpreters, readers, or other types of resident assistance. The Alabama Department of Youth Services Policy 13.8 and 13.8.1, (Policy and Procedures), (pg.10), further states that the program will not rely on resident interpreters, resident readers, or other types of Resident assistance, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a Resident's safety, the performance of first-responder duties, or the investigation of a Resident's allegations.

The WOW program reported in the PAQ that there were no instances in the last 12 months where resident interpreters, readers, or other types of resident assistance were needed.

	<p>A hundred percent of the random staff interviewed reported that resident interpreters are not used.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.317:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 2. (dated 08/19/2022) 3. Alabama Department of Youth Services Policies (2017) Working on Womanhood (WOW) (Program Procedures) 4. University of Alabama Disclosure of Convictions 5. University of Alabama Human Resources Policy Manual, Pre-Employment Background Investigations 6. University of Alabama Staff Employment Background Investigation Procedure 7. Pre-Employment Questionnaire - 15 8. Background Checks - 25 9. Five-year background check/promotions - 3 <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.317 (a): In response to the PAQ, the WOW program policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p>

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. 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, of if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

The facility Human Resources staff confirmed during interview, the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

115.317 (b): The agency shall 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.

In response to the PAQ, the WOW program has a policy that requires the consideration of 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 the residents. The Alabama DYS, Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 7) states that WOW consider any incidents of sexual misconduct , as defined by PREA, in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

The program indicated in their responses to the Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) that the program policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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.

In reviewing the Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022),, Policy and Administrative Procedure, Hiring and Promotions, 04-03-103 (dated 12/01/2002), (pg. 8), states that before the program hires any new employees who may have contact with residents, WOW will :

1. Perform a criminal background records check.
2. Consult any child abuse registry maintained by the State or locality in which the employee would work.
3. Consistent with Federal, State, local law, and UA HR guidelines, make every best effort 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; and.
4. Perform a criminal background records check for employees seeking a promotion or shift change and the last background check is greater than one year.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 41

One hundred percent of staff and volunteers have background checks conducted by The University of Alabama and Department of Human Resources. Backgrounds are updated in accordance with policy.

An interview with the Human Resources administrator indicated that when conducting criminal record background checks, WOW considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions. Such actions are also taken for contractors. All employers and contractors at WOW receive a background and criminal record checks conducted through the University of Alabama.

115.317 (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 2

The program indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

115.317 (e): The agency shall 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.

The WOW program, Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (page. 8), will conduct criminal background

records checks at least every five years on current employees and contractors who may have contact with Residents. All WOW program background checks are completed by the UA HR Department. The interview with the Human Resources administrator further confirmed that the WOW program conducts a state child abuse registry check before hiring new employees or contractors.

115.317 (f): The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The WOW program has all newly hired and promoted employees complete a Pre-Employee Questionnaire form. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pages. 8-9), states that “employees who may have contact with WOW residents will be required to respond to questions regarding any previous sexual misconduct:

1. Such questions will be asked in writing along with the child abuse registry check process.
2. All existing employees will be required to respond to the questions upon request by program administration and the PREA Coordinator. Additionally, UA HR policy requires current employees to disclose any criminal convictions within 3 days of the conviction; failure to do so will result in disciplinary action including possible termination.
3. Questions will be posed again when staff are considered for promotion.
4. UA HR policy and procedure dictates the parameters of the staff evaluation process; as a result, if deemed necessary and to the extent possible, questions may be asked periodically during annual evaluations.

115.317 (g): Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Evidence confirms the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard.

115.317 (h): Unless prohibited by law, the agency shall 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (page. 9), states that the WOW program is permitted by UA HR

	<p>policy, to provide a no rehire recommendation for hire to an institutional employer seeking to hire a former WOW employee that engaged in sexual misconduct while employed at the program. Additionally it states that the WOW program will make every effort contact and verify any history of PREA related investigations. The University of Alabama HR will receive and respond to said requests.</p> <p>During interview, the HR administrator confirmed that the program will provide information on former employee(s), regarding substantiated allegations of sexual abuse or sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.318:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 04/25/2014)

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Agency Head
2. Program Director

Site Review Observations: Placement of security cameras, exterior and interior.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), pg. 23), addresses the standard requirements that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The facility indicated in their responses to the Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) that the program has not made substantial expansions or modifications to the existing facility since the last PREA audit.

115.318 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

The agency head reported that the facility updates and technology enhancements are used to assist with monitoring to aid in a safe and secure facility for youth and staff. All substantial upgrades are considered an enhancement to staff supervision and will provide additional means for gathering documentary evidence for internal and external investigations.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), further states that the program will consider how technology will enhance the ability to protect residents; when installing or updating video monitoring, electronic, or surveillance monitoring systems (pg. 20).

Facility technology upgrades and monitoring, the facility installed new servers, all control room computers were upgraded to Windows 10 and new monitors were purchased cameras are high definition.

The program reported in the PAQ that they have installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/12, or since the last PREA audit.

	<p>The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.318 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.321:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 2. (dated 08/19/2022) 3. Working on Womanhood Pre-Audit Questionnaire 4. Alabama Department of Youth Services Policies (2022) Working on Womanhood (WOW), Program Procedures, (1.14 Special Investigation Unit) 5. Alabama Department of Youth Services Policies (2022) Working on Womanhood (WOW), Program Procedures, (9.10.1 Preservation of Evidence) 6. Revised PREA Administration Investigative Protocol 7. Sexual Medical Assessment Form 8. WOW Medical Screening Form 9. Previous SANE Efforts 10. Previous Victim Assistance Efforts 11. SANE and Medical Agreements 12. Staff Victim Assistance Training <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Investigator <p>Observations during on-site review of physical plant, PREA signage, Advocate Information.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p>

The facility is not responsible for conducting criminal sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct.

The facility partners with The University of Alabama Police Department and Tuscaloosa Co. Sheriff Department for criminal investigations.

115.321 (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

The program indicated in their responses to the Pre-Audit Questionnaire that the protocol is developmentally appropriate for youth but was not adapted from or otherwise based on the most recent edition of the DOJ'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. The protocol is appropriate, and is 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.

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The program indicated in their responses to the Pre-Audit Questionnaire that the program offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The program responded that residents are offered forensic medical examinations without financial cost to the victim. The program also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner.

The WOW program provided documentation of SANE and medical agreements with The Children's Hospital of Alabama. The agreement cover the responsibility of said parties, access to medical and victim related services. Review of investigative files and other supportive documents provided by the facility reflect no forensic medical exams were conducted during this period. The facility has a MOU with the Tuscaloosa SAFE Center, Inc., to conduct SANE exams as needed.

During interview with the CHIPS and hospital ER SANE staff further confirmed that

there were zero SANE exams or allegations of sexual abuse referred to the SANE staff.

115.321 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

The program indicated in their responses to the Pre-Audit Questionnaire that WOW attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program makes available to provide these services a qualified staff member from a community-based organization, or a qualified program staff member. The program provided documented efforts to secure services from rape crisis centers. Additional agreements were provided that outlined collaborative services with the Children's Hospital of Alabama.

The agreement for collaborative services with the Children's Hospital of Alabama stated they would provide non-emergent sexual assault forensic exams (SANE or specially trained M.D.), case management discharge services, education related to sexual abuse and short-term crisis counseling. Additionally, it states that if the Children's Hospital of Alabama provides counseling services it will be at no cost to the facility. The interviewed CHIPS SANE staff further confirmed the agreement of services between CHIPS and WOW.

The auditor interviewed a WOW staff member who has been trained to serve as the agency victim advocate. The WOW victim advocate staff reported they are trained to serve as a spokesperson and support the resident through the process if needed. The WOW victim advocate is able to speak to the resident or speak on behalf of them if needed. Their role is to allow the resident to feel comfortable and supported through the process.

115.321 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The program indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany

and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 23), indicates that the program will have available to the victim, a victim advocate. It further stated that “the program will make available to the victim, victim advocacy services provided by a trained Qualified Facility Staff Member” (pg. 22).

115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

As indicated in the PAQ the WOW program is responsible for conducting administrative investigations and criminal investigations are conducted by outside law enforcement. Alabama Department of Youth Services Policies (2022) Working on Womanhood (WOW), Program Procedures (1.14 Special Investigation Unit), indicates that “upon receipt of an allegation, WOW and/or YSI staff trained in PREA investigative techniques will begin the investigation of sexual misconduct allegations involving student/student, staff/student, and juvenile/staff within 24 hours of notification” (pg. 5). It also states that WOW PREA investigators will conduct administrative investigations in conjunction with criminal investigations which are conducted by an outside law enforcement agency. A memo was provided, confirming the process for criminal investigations.

115.321 (g). The auditor is not required to audit this section.

115.321 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 23), indicates that the program will have available to the victim, a victim advocate. It further stated that “the program will make available to the victim, victim advocacy services provided by a trained Qualified Facility Staff Member (pg. 22). The WOW program provided documentation of one staff member who has been trained on Understanding the Needs of Sexual Assault Victims: A Seminar for those Working in Correctional Settings.

The WOW program has a designated qualified staff member who has been trained as a victim advocate. The WOW program provided proof of victim advocacy training for the designated staff member.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.321 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.322:</p> <ol style="list-style-type: none"> 1. Working on Womanhood Pre-Audit Questionnaire (PAQ) 2. WOW Process for Investigating Sexual Assault Allegation 3. WOW PREA Administrative Investigation Protocol <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Designee 2. Investigator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.322 (a): The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The WOW program reported in the PAQ that the program ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 18), and the Alabama Department of Youth Services Policies (2022) Working on Womanhood (WOW), Program Procedures (1.14 Special Investigation Unit) outlines the protocol for conducting administrative and criminal PREA related investigations.</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 10</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 18</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p>An interview with the Agency Head confirmed that the agency ensures administrative or criminal investigations are completed for all allegations of sexual</p>

abuse or sexual harassment. It was also stated that the WOW PREA investigators are responsible for investigating all allegations of sexual abuse (assault), sexual harassment, or any sexual conduct that is alleged following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. When it appears that allegations of sexual abuse and sexual harassment are supported by evidence of criminal behavior, the investigator(s) ensures that the allegations referred for investigation to law enforcement. All referrals shall be documented.

115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

In response to the PAQ, the WOW program has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 18), states that "the PREA investigator (s) is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged following a uniform evidence for administrative proceedings and criminal prosecutions". It further states that if the allegations appear to involve criminal behavior, the allegations will be referred for investigation to outside law enforcement (pg. 18). The WOW program policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation is published on the agency website at ysi.ua.edu under the "WOW" tab. This auditor visited the website in July of 2023 and confirmed the policy was both public and available. There were no cases of criminal allegations referred for outside law enforcement for investigations.

The WOW PREA Coordinator also serves as the PREA investigator. Upon interview, the PREA investigator stated that all sexual misconduct allegations involving potentially criminal behavior are reported to UA HR, Tuscaloosa County Sheriff's Department, and Alabama Department of Human Resources. The program provided documents that indicated A Procedural Process for Investigating Sexual Assault Allegations and a PREA Administrative Investigative Protocol.

115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The Tuscaloosa County Sheriff's Department is responsible for conducting criminal investigations for the WOW program. The WOW program website further reiterates that the Tuscaloosa County Sheriff's Office (TCSO) has jurisdiction to investigate criminal complaints at the WOW program, including sexual assault. It is the policy and procedure of the WOW program that, upon a reasonable suspicion that a PREA-

	<p>related crime has been committed, WOW will immediately contact TCSO, will cooperate fully in the investigation, and will follow all TCSO directives.</p> <p>115.322 (d): The auditor is not required to audit this provision of the standard.</p> <p>115. 322 (e): The auditor is not required to audit this provision of the standard.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.331:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. Prison Rape Elimination Act 2003 Staff Training PPT 5. PREA Refresher PPT 6. Boundaries PPT 7. UA Harassment Course Outline 8. UA Staff Child Abuse and Harassment Training 9. UA Title IX Training 10. PREA Signed Acknowledgement Forms 11. PREA Initial and Refresher Sign-In Sheets <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Random Selected Staff (12)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and</p>

procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), the PREA training will be offered to all new employees “during the pre-service/orientation period, and refreshers offered every 2 years”. The following components are included in the training:

- The Agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in Resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with Residents;
- How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above. Sign in sheets for staff initial and refresher training was reviewed showing compliance with the practice of training staff.

Interviews with all random sample staff confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the zero-tolerance policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. The staff were able to describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to residents. All staff interviewed indicated they have received training on working with vulnerable populations (LGBTQI, prior history of

sexual victimization). Staff reported that they received PREA related training in pre-service and annual in- service.

Through random interviews with staff and review of training records, the auditor confirmed that WOW program staff had been trained on the above defined components.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The program reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the WOW program. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 6), reiterates that the training will be tailored to the unique needs and attributes of the adolescent female residents served by the WOW program.

115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The PAQ indicated that 47 of the WOW staff currently employed were trained or retrained on the PREA requirements. Two additional staff were hired after the initial audit date, and received training on PREA requirements. The facility also reported in the PAQ that staff receives annual or bi-annual refresher training depending on the youth dynamics and characteristics. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), the PREA training will be offered to all new employees "during the pre-service/orientation period, and refreshers offered every 2 years". Twelve random staff interviews and confirmation from the PREA Coordinator indicated that as part of the annual training staff were provided with PREA informational brochures to keep.

The WOW program provided evidence that refresher training is provided in between annual/bi-annual PREA training. Such training that occurred included but were not limited to: Boundaries, UA Child Abuse and Harassment online training, and Search and Seizure: Transgender Searches.

115.331 (d): The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The PAQ indicated that the program requires employees who may have contact with residents to document, via signature, that they understand the training they received. Staff signature of acknowledgement was provided on the Prison Rape

	<p>Elimination Act of 2003 Staff Training Form. Staff are also acknowledging that they have received the agency brochure. As part of the signature process the employees acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the WOW PREA training. The form is only signed for new hires; staff receiving refresher training will complete a sign in document.</p> <p>During the on-site phase of the audit, documentation review of employees training files contained acknowledgements of training. The training records reviewed, provided evidence that the facility consistently conducts annual training with staff, and there was adequate documentation of employee signatures verifying the employee's comprehension of the training.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.332:</p> <ol style="list-style-type: none"> 1. Working on Womanhood Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. Volunteer Training Records 5. Volunteer Orientation Training (PPT) 6. Volunteer Acknowledgement Form <p>The following staff were interviewed to determine compliance with this standard 115.332:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical 2. Mental Health

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.332 (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

According to the PAQ, all volunteers and contractors who have contact with resident have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 7), states that WOW will ensure all volunteers and contractors who have contact with residents have been trained on their responsibilities under the DYS policies and WOW procedures regarding the prevention, detection, and response to sexual misconduct.

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 16

Upon review of the WOW Volunteer Orientation Training (PPT) and the WOW Contract Training (PPT), volunteers and contractors are trained consistent with all direct care level staff. Additionally, volunteers/interns/contractors receive handouts, brochures and material consistent with staff training and informational material.

115.332 (b): 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

It was reported in the PAQ that 16 active and 11 inactive volunteers or contractors who have contact with residents, have been trained on the agencies policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Each volunteer, intern, or contractor is provided a copy of the same brochure staff receive related to sexual abuse detection, prevention, and reporting. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pgs. 7-8), states that the training will be provided based on the level of contact the volunteer/contractor has with the residents. As of the dates of the audit there were 9 total volunteers that were trained.

115.332 (c): The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

As reported in the PAQ, the WOW program maintains documentation confirming that volunteers/contractors understand the training they have received. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2020), (pg. 8), requires that the WOW program maintain said documentation

	<p>confirming that volunteers and contractors understand the training they receive.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.332 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.333:</p> <ol style="list-style-type: none"> 1. Working on Womanhood Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 04/25/2014) 4. PREA Orientation PPT 5. PREA Posters/Handouts 6. Student Handbook 7. Signed Residential Education Statements <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Random Residents 2. Intake Staff <p>115.333 (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 9) states that during the intake process, "Residents shall receive information explaining the DYS zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. At intake, the DYS Pamphlet 115.333 "What You Should Know about Sexual Abuse and Assault" will be reviewed and read to the resident by their assigned therapist". The DYS pamphlet, the WOW program student handbook, along</p>

with posters placed throughout the program provided residents with age appropriate PREA education.

The number of residents admitted in past 12 months who were given this information at intake: 40

Per the PAQ, 40 residents were admitted during the past 12 months and received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. One hundred percent of the residents were reported to have received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additional youth were placed at the program, since the PAQ was completed; therefore, the auditor reviewed 40 resident intake records.

The youth acknowledge through signature, receipt of the required information regarding the programs zero tolerance policy on sexual abuse and sexual harassment.

Interviewed Intake staff related during the intake process residents are given PREA pamphlets along with a student handbook. The intake staff reported that a PREA orientation PPT is reviewed with each resident of the program. Eight residents were interviewed. All of the residents reported that they recalled receiving information upon intake and orientation regarding sexual abuse and harassment. Each resident stated PREA related information and the programs rules against sexual abuse and harassment is provided the first day at the facility. There were no intakes during the onsite observation, however the auditor did review the student handbook and observed that there were PREA related posters throughout the program.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

In response to the PAQ, 40 residents that were admitted in the program during the past 12 months, whose length of stay was for 10 days or more, received comprehensive education regarding their right to be free from sexual abuse/harassment and retaliation, for reporting such incidents, and on agency policies and procedures for responding to such incidents. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pgs. 9-10) states that "within 24 hours of intake, but not later than 3 days after intake, the residents will be provided comprehensive age- appropriate PREA education through the following materials:

1. Student Handbook PREA information
2. What You Should Know About Sexual Abuse and Assault
3. DYS Youth Safety Guide
4. Power Point Presentation PREA Facts Every Resident Should Know

Interviewed intake staff reported that a PREA orientation PPT, handbook and pamphlet is reviewed with each resident of the program within 24 hours of placement at the program. Six residents were interviewed, one hundred percent of them stated PREA related information and the programs rules against sexual abuse and harassment is provided the first day at the facility.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

In response to the PAQ, all residents received PREA related education within 10 days of being placed at the program. The program policy requires that residents receive the PREA education within 24 hours but not less than three day after intake. The program policy (pg. 10) also states that Current residents who have not received such orientation shall be educated within one year of the effective date of the PREA standards. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation.

The residents at the WOW program received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The interviewed intake staff reported that she ensures that current and transferred residents have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment by providing information via a PPT presentation, handouts and brochures.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 10), states that "PREA information will be provided in formats accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Residents who have limited reading skills.

There was one resident who met the criteria of this provision to be interviewed at the time of the audit. The youth was visually impaired.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

In response to the PAQ, the agency maintains documentation of offender participation in the PREA education sessions. Documentation of resident's participation in the PREA comprehensive education sessions is available per policy

	<p>and facility procedures in the resident files. Resident intake records were reviewed to assure fidelity with this documentation. One percent of the files reviewed, indicated that resident education and acknowledgement was properly documented.</p> <p>115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 10), states that “the WOW PREA Coordinator will ensure that PREA information is continuously visible to Residents throughout the facility”. This information will be communicated through two or more the following posters:</p> <ol style="list-style-type: none"> 1. 5 Ways 2. Help Us 3. You Have the Right 4. Protect Yourself & Others 5. Stop Assault 6. Speak <p>Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The residents housed at the program had ready access to PREA related material. During the site tour PREA related resident education was found to be readily available and accessible.</p> <p>The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.334:

1. Working on Womanhood Pre-Audit Questionnaire (PAQ)
2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations,
3. (dated 08/19/2022)
4. ACASV Law Enforcement Training
5. NIC Curriculum PREA Investigations
6. Child Forensic Interviewing Training
7. MOSS Group Investigating Sexual Misconduct: Training for Investigators
8. Investigator Training

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (4)

1. Program Director
2. Investigator DYS
3. Investigator YSI
4. Investigation WOW

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

As indicated in the PAQ, agency policy requires that investigative staff are trained in conducting sexual abuse investigations in confinement settings. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 6), In addition to the general training provided to all employees in paragraph (A) above, WOW will ensure that program investigators responsible for conducting administrative PREA investigations, are trained in conducting such investigations in confinement settings. It should also be noted that the WOW program conducts administrative investigations and criminal investigations are referred to the local law enforcement.

The programs policy further states that “if at any time investigations are conducted by an outside law enforcement agency, the PREA Coordinator will at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility” (pg. 6). The interviewed investigators reported that training included a combination of the initial in person PREA training and online training completed through the National Institute of Corrections (NIC), End Violence Against Women International (EVAWI), and attending conferences when feasible.

115.334 (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

As previously stated, WOW program Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.6) requires investigators to be trained on techniques for interviewing juvenile sexual abuse victims. WOW will ensure that program investigators responsible for conducting administrative PREA investigations, are trained in conducting such investigations in confinement settings. If at any time investigations are conducted by an outside law enforcement agency, the PREA Coordinator will at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility (pg. 6).

The interviewed investigators reported that the training topics included:

- Techniques for interviewing juvenile sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The number of investigators currently employed who have completed the required training: 4

As indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The PAQ also, indicates that staff have completed the required training. While conducting the onsite audit, it was reported that the PREA Coordinator and the Program Director serve as back up administrative investigators. All of the administrative investigators are onsite staff. Criminal investigations are conducted by outside law enforcement.

All investigators training certificates "Investigating Sexual Abuse in a Confinement Setting" were uploaded into the Pre-Audit Questionnaire for review by the auditor.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.335:

1. Working on Womanhood Pre-Audit Questionnaire (PAQ)
2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations,
3. (dated 08/19/2022)
4. Medical Training Records
5. Mental Health Training Records
6. Prison Rape Elimination Act of 2003, Specialized Mental Health Training

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (2)

1. Medical
2. Mental Health Staff

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 7), states that “WOW will ensure that all full-time, part-time, and contingent on-call medical and mental health care practitioners have been trained in:

1. How to detect and assess signs of Sexual Abuse and Sexual Harassment.
2. How to preserve physical evidence of Sexual Abuse.
3. How to respond effectively and professionally to Resident victims of Sexual Abuse and Sexual Harassment; and How, and to whom, to report allegations or suspicions of Sexual Abuse and Sexual Harassment.

The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 4

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 100%

The auditor reviewed training records of 4 medical and two mental health staff. The records confirmed the completion of the training.

	<p>115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>The WOW program does not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic medical examinations are contracted for provision at the Children’s Hospital of Birmingham (CHIPS); therefore, the facility staff does not receive training in conducting forensic examinations.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.341:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. Aggressive Behavior and Victimization Intake Screening Form - 40 <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Random Residents (6) 3. Transgender (0) 4. Reporting Prior Victimization During Screening (5) 5. Bisexual (1) 6. Pan-sexual (0) 7. Gay (2) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual</p>

abuse by or upon a resident.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pgs. 10-11), states that all Residents shall be screened within 24 hours of admission to the WOW program for risk of sexual victimization or sexual abusiveness toward other Residents utilizing the WOW Aggressive Behavior and Victimization Intake Screening Form. The policy further states that the risk level will be reassessed periodically throughout the confinement, "or when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that influences the Resident's risk of Sexual Victimization or abusiveness.

The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 38

In response to the PAQ, 100% of the 40 residents who entered the program within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing residents within 72 hours of their entry into the facility.

A review of 40 resident files, confirmed that residents are screened within the time frames of this standard.

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

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interviewed staff responsible for risk screenings reported that initial screening takes the following into consideration:

- Age
- Sexual orientation
- Whether they identify as lesbian, gay, bisexual, transgender, or intersex
- Disabilities
- Self-harm behaviors
- Suicide risk

- Intellectuality
- Abuse
- Risk of sexual abuse or abusiveness
- Physical and sexual abuse history

115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The intake screening tool used by the WOW program takes into consideration, "At a minimum, facilities shall attempt to ascertain information about":

1. Self-harm, suicide risk
2. Victimization and abuse history
3. Risk of sexual victimization or abusiveness
4. Resident self-identification as lesbian, gay, bisexual, or transgender (LGBT is not used as an indicator for potentially sexually abusive behavior)
5. Emotional and cognitive development
6. Mental illness or disabilities
7. Physical ability and possible disabilities
8. Intellectual ability
9. Physical size and stature
10. Age
11. Current charges and offense history
12. Residents will not receive disciplinary action for refusing to disclose any or all information related to her physical and mental ability, sexual orientation, or any information used to assess vulnerability.

Interviewed staff responsible for risk screening reported that they attain the information through conversation. Residents meet with assigned therapist weekly, which allows for discussion of information not initially disclosed.

115.341 (e): The agency shall implement 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 11), states that "appropriate protocols are in place to ensure that sensitive resident information is not exploited by staff or other students. Resident risk level and limited information regarding their victimization history is shared with care staff to inform monitoring requirement, room assignment, and influence trauma informed care".

The designated PREA Coordinator reported that the program uses HIPAA guidelines and policy and procedure require confidentiality of sensitive youth information. Generally, only WOW administration and YSI personnel responsible for Medicaid filings are permitted to access this information. Sharing sensitive information is on a

	<p>need-to-know basis for safety and security of youth.</p> <p>The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.342:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. Department of Youth Services Polices, WOW program Procedures 5. Intake and Housing assignments 6. WOW Health Screening Form <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (5)</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. PREA Compliance Manager 3. Staff that Supervise Resident in Segregated Housing (NA) 4. Residents Housed in Segregated Housing (NA) 5. Medical 6. Mental Health 7. Bisexual Resident (1) 8. Pan-Sexual Resident (0) 9. Gay (2) <p>Site Review Observations:</p> <p>Youth are housed in single rooms; youth showers are conducted one at a time.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.342 (a): The agency uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for</p>

residents with the goal of keeping all residents safe and free from sexual abuse.

As stated in the PAQ, the WOW program uses information from the risk screening to inform housing, bed, work, education, and program assignment with the goal of keeping the resident safe and free from sexual abuse. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 12), states that “WOW will use all information obtained from the intake screening and subsequent testing and interviews, to make housing, bed, program, education, and work assignments for Residents with the goal of keeping all Residents safe and free from Sexual Abuse.

The general characteristic of the population informs the room assignment process and subsequent progression through the program.

The interviewed PREA Coordinator indicated that the program uses information from risk screening during intake (per 115.341) to keep residents safe and free from sexual abuse by using the information to determine supervision and treatment planning needs. Due to the size of the facility, all youth are housed on the secure pod, with their first 24 hours being monitored closely in the safe room. Based on intake screening information and youth dynamics, room assignments will be made or adjusted.

During the onsite tour, the auditor was able to observe that residents are placed in single rooms.

115.342 (b): Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

As stated in the PAQ, the WOW program has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The program further reported that if placed in isolation the resident will have access to legally required educational programming, special education services, and daily large- muscle exercise. The WOW program reported in the PAQ that zero residents at risk of sexual victimization were placed in isolation in the past 12 months.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), pg. 12, states that the WOW program “will not use isolation for residents at risk for sexual victimization. Residents at risk of sexual victimization, or those Residents alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Residents safe”. The policy further states the steps that should be taken if isolation is utilized:

1. Whenever a Resident is held in isolation for protective reasons, documentation regarding concerns for the Resident's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Resident's file.

2. During any period of isolation, Residents will be allowed access to daily large-muscle exercise and required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

3. Documentation of programming activities shall be documented using the program's isolation activity log. Residents held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population (pgs. 12-13).

The interviewed Program Director reported that the WOW program has not utilized isolation, as a result of a PREA allegation; however, when isolation is utilized it is typically done until safety and order is restored. The use of isolation usually lasts for a couple of hours and maximum time overnight. The WOW program has a "safe room" to use if needed. The interviewed mental health and medical staff reported that if a resident was placed on isolation the resident will be checked daily and pill call will occur on the unit. The interviewed staff reported that they are unaware of any residents being placed on isolation for sexual abuse or sexual harassment.

It should be noted, records show that there were no youth placed in isolation who were at risk of sexual victimization.

115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 13) states that lesbian, gay, bisexual, transgender, or intersex Residents shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor will WOW consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

All youth are housed in single rooms.

115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The program policy will make assignment decisions for transgender or intersex residents on a case-by-case. Such decision must be made in consultation with WOW administration as an identified placement option and will be influenced by factors such as health and safety, and whether the placement would present management or security problems” (pg. 13). Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 13), states that “placement and programming assignments for transgender or intersex residents placed in the WOW program will be reassessed at least twice each year to review any threats to safety experienced by the Resident. Documentation of the review will be included in the treatment files of residents, and any concerns may involve consultation with DYS administration.

The interviewed PREA Coordinator stated that housing assignments are not made based on LGTBI identification; all youth entering the program are housed on the secure pod. Additionally, all youth participate in program activities unless there is a risk of safety or security.

115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 13), states that placement and programming assignments for transgender or intersex residents placed in the WOW program will be reassessed at least twice each year to review any threats to safety experienced by the Resident. Documentation of the review will be included in the treatment files of residents, and any concerns may involve consultation with DYS administration.

The interviewed PREA Coordinator reported that the WOW program incorporates placement decisions based on recommendations from DYS. Program participation and housing decisions are made by the WOW administration and all safety concerns are taken into consideration through the residents stay at the site. The interviewed staff responsible for risk screening stated that safety considerations are made for transgender or intersex residents would be taken into consideration; however, the program has not had a transgender or intersex resident.

There were no youth that identified as transgender housed at the facility during the on-site portion of the audit to interview.

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 13), states that “a transgender or intersex Resident’s own views with respect to her own safety shall be given serious consideration in determining safety issues”. The interviewed PREA Coordinator reported that the WOW staff assesses whether placement would present management and security problems. The program placement decisions are made by WOW administration.

Such considerations are taken throughout the residents stay at the program.

115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.13), states that in keeping with standard program protocol and practice that requires all residents to shower separately from other residents, transgender and intersex Residents will shower separately from other Residents.

All youth at the WOW program shower separately, therefore practices would also apply to transgender or intersex residents that are placed at the program.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

As reported by the PREA Coordinator there were no residents placed in isolation that were at risk for sexual victimization.

115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

In response to the PAQ, the WOW program reported that if a resident is at risk of sexual victimization is held in isolation, the program will award each resident a review every 30 days to determine whether there is continuing need for separation from the general population. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 13), states that "residents held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

All random interviewed staff could be responsible for supervising residents in isolation; however none were aware of an instance of residents being placed in isolation that were at risk for sexual victimization.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.342 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.351	Resident reporting
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with this standard 115.351:</p> <ol data-bbox="280 456 1474 779" style="list-style-type: none"> 1. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 3. Student Handbook 4. DYS Grievance Form 5. WOW Grievance Form 6. Student Orientation PPT 7. Staff PREA Training <p data-bbox="280 819 1430 855">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 891 564 927">Specialized Staff (1)</p> <ol data-bbox="280 963 699 1079" style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Residents (6) <p data-bbox="280 1120 651 1155">Site Review Observations:</p> <p data-bbox="280 1191 1417 1267">Observations during on-site review of physical plant, PREA signage for reporting sexual abuse.</p> <p data-bbox="280 1303 1442 1379">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1415 1458 1581">115.351 (a): The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="280 1617 1449 1859">In response to the PAQ, the WOW program has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 14), states that residents have the option to report the incident to any staff member, including contract providers and volunteers, or to the DYS Sexual Assault Hotline.</p> <p data-bbox="280 1895 1481 2060">In review of the student handbook, there are multiple ways provided for the residents to report sexual abuse or sexual harassment. Additionally, the program provided copies of the DYS and WOW grievance forms. The grievance process is one of many ways in which a resident could report sexual abuse or sexual harassment.</p>

During the tour of the facility the auditor observed posters PREA posters throughout the program.

The interviewed random staff reported that the residents can privately reporting by using the hotline number, grievances, tell a staff member they are comfortable with, and notify case worker, family, or friends. Such reports can be made verbally or in writing.

All of interviewed residents stated that they had multiple ways to report. Most of the residents reported that the hotline is the primary way to report; along with notifying staff (to include a supervisor and the Director), filing a grievance, making a written report, probation officer, social worker, or telling a friend or family member.

115.351 (b): The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

In response to the PAQ, the WOW program provides more than one way from residents to report abuse or harassment to a public or private entity that is not part of the agency. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), addresses multiple entities in which a resident can report. Such described entities include but are not limited to: ADAP, JPO, DHR, parent and legal guardian, legal representative, and DYS sexual assault hotline. The policy further states that in the event that Residents are adjudicated solely for civil immigration purposes, they shall be provided information on how to contact appropriate consular or Homeland Security officials. Methods and contact information for residents to contact their respective consular official can be found in the US Department of State Consular Notification book and Access Reference Card accessible through program administration or PREA Coordinator (pg. 15).

In review of the Student Handbook and the Student PREA Orientation PPT, residents are provided multiple ways in which they can make a report of sexual abuse and sexual harassment. Such ways to report also included to a public or private entity that is not a part of the agency. The DYS victim advocate was interviewed, and she further reiterated the resident's ability to file a grievance with DYS. The DYS advocate routinely visits the program and reviews grievances filed along with case records, and clinical services.

When interviewing the six residents at the program, most of the six stated that they would tell a staff member or call the Hotline, or (the number posted on the wall). All of the interviewed youth indicated that they could make a report without giving their names. Some of the ways they could make a report to an outside person included but was not limited to telling their DYS worker, probation officer, parents, and DYS advocate.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The program reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 15), further reiterates said requirements. Additionally, staff are required to document the reports immediately and within the shift of duty in which the report was made” (pg. 15). The resident handbook describes multiple means for residents to report. Such means include verbally, in writing, anonymously, and from third parties. As previously discussed, the residents were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

The interviewed random sample of staff reported that the residents can privately reporting by using a resident the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing, sexual abuse or harassment the allegations are responded to immediately and they would document by the end of the shift. Most of the residents reported that the hotline is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member.

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

In response to the PAQ, the program provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 15) states that “staff are required to accept and document all reports of Sexual Abuse or Sexual Harassment made verbally, in writing, anonymously, or from third parties using a WOW incident report.

The PREA Coordinator reported that the program provides residents with tools to help them make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents; by using the WOW and DYS grievance processes, reporting issues to staff, and utilizing the DYS hotline.

115.351 (e): The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents.

The program indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA)

	<p>Rules and Regulations, (dated 08/19/2022), pg. 15), states that “residents, staff, or third parties may report allegations via the DYS Sexual Assault Hotline at 1-855-332-1594. The Hotline may be accessed 24 hours a day.</p> <p>It was also reported that staff are informed of these procedures through policy and training materials. In review of the staff PREA training, such information is provided to staff. The interviewed random staff reported that the residents can privately reporting by using the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing; reports would be documented immediately or by the end of the shift.</p> <p>The auditor has determined current operations and practices exceeds the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.352:</p> <ol style="list-style-type: none"> 1. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 3. Alabama Department of Youth Services Policies, Working on Womanhood Program Procedures 4. Grievance Policy 1.13 5. Resident Handbook <p>The following residents were interviewed to determine compliance with this standard:</p> <p>Random Residents (6)</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant, placement of grievance boxes, forms procedure for getting writing instruments.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. Alabama Department of Youth Services Policies, Working on Womanhood Program Procedures (Youth Grievance Process), provides guidance on how resident grievances are managed.

The auditor interviewed the DYS advocate. The DYS advocate reviews all DYS grievances for the WOW program. If the grievance is PREA related, it requires an immediate response. PREA grievances are considered priority grievances. The program has 48 hours to respond to priority grievances.

115.352 (b): The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

In response to the PAQ, the WOW program reported that the agency does not require residents to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Alabama Department of Youth Services Policies, Working on Womanhood Program Procedures (Youth Grievance Process), (pg. 14), states that a student may choose to resolve the situation by seeking an informal resolution which may include discussion during a community meeting, consultation with assigned therapist, or through mediation with the support of an administrator. This step is not a requirement and the student may choose to file a grievance in an effort to resolve the situation without attempting an informal resolution. Additionally, the above-mentioned policy states that there is no time limit for residents to file a grievance regarding allegations of sexual abuse. The Resident Handbook provides further guidance to the residents on their ability to file grievances for allegations of sexual abuse and sexual harassment.

115.352 (c): The agency ensures that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Alabama Department of Youth Services Policies, Working on Womanhood Program Procedures (Youth Grievances), (pgs. 18-10) states that WOW administration will ensure that students who allege sexual abuse or harassment may submit a grievance without submitting it to the staff member who is the subject of the complaint, and such grievance is not referred to the staff member who is the subject of the complaint nor discussed with another student who may be the subject of the complaint.

115.352 (d): (1) The agency issues 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

The program reported in the PAQ that there were zero instances in which grievances were filed for alleged sexual abuse. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.9), states that a final decision on the merits of any portion of a Grievance alleging sexual abuse comes within 90 days of the initial filing of the Grievance'. Upon review of grievances filed over the last 12 months, there were no documented sexual abuse or sexual harassment related grievances. As there were no PREA-related grievances filed during this time frame, therefore no responses necessitated. The DYS advocate further confirmed that the WOW program did not have any PREA related grievances.

115.352 (e): Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

Alabama Department of Youth Services Policies, Working on Womanhood (WOW) Program Procedures/Youth Grievance Process, establishes that third parties, including fellow Youth, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing Grievances relating to allegations of sexual abuse, and are also permitted to file such request on behalf of Youth. (pg. 9). Upon review of the PAQ, it was noted that there were no allegations in the last 12 months where a resident declined third-party assistance in filing a grievance of alleged sexual abuse. The DYS advocate further confirmed that there were no PREA related grievances.

115.352 (f): The agency has established procedures for the filing of an emergency

grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Alabama Department of Youth Services Policies, Working on Womanhood (WOW) (Program Procedures/Youth Grievance Process), establishes procedures for youth to be able to file grievances. The following address the priority grievances:

The Advocacy Representative ascertains if the Grievance is a Priority Grievance.

1. If a Priority Grievance, the Advocacy Representative immediately notifies the Program Director and all appropriate actions are taken to resolve the issue. Priority Grievances require immediate response to the Youth, not to exceed forty-eight hours.

2. If the Grievance alleges sexual abuse, if there is cause to believe a criminal act has occurred, or if the Advocacy Representative is uncertain whether a criminal act may have occurred, the Advocacy Representative immediately notifies the Chief Advocate, through the chain of command, who immediately notifies the DYS Special Investigation Unit (SIU). The Chief Advocate and the SIU, in consultation with the Legal Division, then coordinate the investigation, in consultation with General Counsel. The SIU, in consultation with the General Counsel, determines if, and when, to refer an investigation to law enforcement.

3. For all other Grievances the Advocacy Representative gathers input from the appropriate department head and other witnesses relevant to the Grievance, and reviews the response with the Youth within ten (10) business days of receipt (pg.7).

Per the PAQ, there were zero emergency PREA grievances filed in the past 12 months. A comprehensive review of the grievance documents along with interviews while conducting the site review confirmed application of this standard. In review of 10 grievances filed over the last 12 months, there were no instances documented that were PREA related.

115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

As reported in the PAQ, the WOW program has reported zero number of resident grievances that allege sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievances in bad faith. In review of grievances filed over the last 12 months, there were no instances documented that

	<p>were PREA related. The interviewed DYS advocate reported that she had not received any PREA related grievances.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.353:</p> <ol style="list-style-type: none"> 1. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. WOW Student Handbook 5. Documented Efforts for SAFE Services <p>The following staff were interviewed to determine compliance with standard 115.353:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Resident (6) 4. Residents who Reported Sexual Abuse (NA) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Site Review Observations:</p> <p>Observations of Reporting Mechanisms - (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.353 (a): The facility provides 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The WOW program provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 23), states that “residents may access outside Victim Advocates for emotional support services related to Sexual Abuse. This access will be available through the contract SANE provider or toll-free hotline numbers”. The policy further states that residents can access a binder of local, state, or national resources, including contact information, it is available in the program school library (pg. 23).

Two out of six residents interviewed reported that they did not recall receiving the information about services available outside of the facility for dealing with sexual abuse. Of the six, four could articulate what services were available outside of the facility if needed. The residents stated that there were services available; however, they never had to use the services. After probing, the residents reported seeing information posted in the living units and in the handbook.

115.353 (b): The facility informs 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 23), indicates that prior to giving them access, the program therapist will inform Residents of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to the appropriate agencies and/or authorities in accordance with mandatory reporting law.

When residents were asked “do you think the conversations with people from these services would be told to or listened to by someone else?” one of the residents thought that someone would listen or be told and one didn’t know. There were no identified residents who reported sexual abuse at the WOW program during the audit period.

115.353 (c): The agency shall maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The WOW program provided correspondence regarding its attempts to enter into a

	<p>contract with a service provider for emotional support in the event of a sexual abuse or sexual harassment incident. The WOW program has a cooperative agreement with the Children’s Hospital of Birmingham (CHIPS) for the delivery of forensic medical, case management and follow up referral services.</p> <p>115.351 (d): The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>The Facility Program Director and Facility PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.354:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Resident Handbook <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Site Review Observations:</p> <p>Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)</p>

	<p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.354 (a): The agency has established methods to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>115.351 Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 15), states that a third party reporting form to report allegations of sexual misconduct is available on the Youth Services Institute (YSI) webpage, which is accessible through the UA School of Social Work website. The policy further indicates that such reports will be submitted to program investigators and PREA Coordinator for investigation.</p> <p>All employees, contractors, volunteers and interns are mandatory reporters and shall accept verbal, written, anonymous and third-party allegations from offenders who observe, are involved in, or have any knowledge, information or suspicion of sexual abuse, harassment, or an inappropriate relationship. All reports shall be promptly documented and reported to the Program Director and facility PCM. Staff may be subject to disciplinary action if they do not report such conduct. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse.</p> <p>The auditor has determined current operations and practices meets the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted.</p> <p>Corrected Action (None)</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.361:</p> <p>1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)</p> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (4)</p>

1. Program Director
2. PREA Compliance Manager
3. Random Staff (12)
4. Medical
5. Mental Health

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

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

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (p. 16), requires that an employee immediately report to their immediate supervisor, any knowledge, suspicion, or information they receive regarding an allegation of Sexual Abuse, Sexual Harassment, or retaliation. Reports should also include any knowledge of neglect or violation of responsibilities that may have contributed to the alleged incident". It is also the responsibility of the supervisor to simultaneously notify the WOW Care Manager who will notify the PREA coordinator, PREA investigators, and Program Director simultaneously. Twelve random staff interviewed indicated a clear understanding of the duty to report the above mentioned immediately.

All random sample of staff interviewed indicated the facility does require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The various ways staff indicated that they could make a report included but was not limited to:

- Report to supervisor
- Complete an incident report
- Separate victims
- Follow chain of command
- Call the DYS hotline
- Anonymous letter
- Notify the PREA Coordinator

115.361 (b): The agency policy also requires all staff to comply with any applicable mandatory child abuse reporting laws.

In response to the PAQ, the WOW program requires that all staff comply with any applicable mandatory child abuse reporting laws. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 16), states that all critical incidents should be reported using DYS Form 9.9 Critical

Incident Report as outlined in DYS Policy 9.9; and if suspected, reasonably suspicious, or indicated, the child abuse reporting procedure should be followed.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 16), states that apart from reporting to designated supervisors and special investigators, or discussions with law enforcement and designated state agencies as requested, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in DYS policy and WOW procedure, to make treatment, investigation, and other security and management decisions.

Twelve random staff interviewed reported being aware of the agencies procedure for reporting any information related to a resident sexual abuse. Interviewed staff could articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number or medical staff.

115.361 (d): (1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 16), states that medical and mental health practitioners are required to report Sexual Abuse up their chain of command, as well as where required by mandatory reporting laws.

The interviewed medical and mental health staff all reported that upon admission/intake residents are notified regarding the limitations of confidentiality and the staff duty to report. All of the medical and mental health staff stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Interviewed medical and mental health staff stated that they have reported incidents of child abuse to the appropriate parties; and such reports were made by notifying the Department of Human Resources (DHR) and notifying administration. It should be noted that the reports were based on incidents that occurred prior to the resident's arrival at the program.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency

office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 16), states that critical incidents must be immediately reported to the DYS administrative office. Such reports are made by the WOW program director.

The interviewed Program Director and the PREA Coordinator reported that if the program receives an allegation of sexual abuse the allegation is reported to the PREA Coordinator and the DYS Coordinator. If the victim is under the guardianship of the child welfare system, the allegations are reported to the victim's case worker. The parent/legal guardian and the probation officer (PO) are also notified; if applicable. Said reports are made within one business day. The youth at the WOW program are committed to the Alabama DYS. The Alabama DYS service monitor, Guardian Ad Litem, along with the probation; representing the juvenile court jurisdiction will be notified. The PREA Coordinator further reiterated that suspected, reasonably suspicious, and indicated sexual abuse allegations will be reported to DHR, law enforcement, designated departments within UA, DYS, youth parent/legal guardian. All notification decisions will be made under the directive of WOW and YSI administration. It should also be noted that reports may be made to the parent/legal guardian and the child welfare system depending on the circumstances of the case. The PREA Coordinator also reported that if the victim is under the guardianship of the child welfare system the child welfare system case worker will be immediately notified and no less than 24 hours.

115.361 (f): The facility reports all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports, to the facility's designated investigators.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 17), all third-party and anonymous reports alleging incidents of sexual misconduct will be reported to the program investigators and PREA Coordinator for investigation.

The interviewed program director reported that all allegations of sexual abuse and sexual harassment are directly reported to the PREA coordinator.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.362:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Program Director 3. Random Staff (12) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), states that “WOW staff and Residents are prohibited from retaliating against other staff or Residents for reporting allegations of Sexual Abuse or Sexual Harassment. Staff and/or Residents who are found to have violated this prohibition shall be subject to disciplinary action”. As reported in the</p> <p>PAQ, there were zero instances during the past 12 months where the program determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>The interviewed agency head stated that, the YSI Director will collaborate with WOW program administration to establish a plan that will help ensure the safety of the youth. These steps may include, but are not limited to, continuous staff monitoring, separation and additional supervision if the potential perpetrator’s identity is known, and frequent status checks with youth regarding any issues or perception of safety. The Program Director reported that if she becomes aware that a resident is subject to a substantial risk of imminent sexual abuse, they would immediately separate the “students” and staff, assign individuals to separate pods, increase</p>

	<p>staffing, and notify the PREA Coordinator. The agency head and the Program Director indicated that such actions would occur immediately.</p> <p>All the interviewed staff could articulate the response process if a resident is at risk of imminent sexual abuse. Most of the staff reported that action is taken immediately to address a resident who is at risk of sexual abuse by immediately notifying the supervisor, separate the victim and perpetrator, and get the victim off the zone and take the victim to medical for follow up services. All of the staff reported that information would only be shared with necessary parties.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.362.</p> <p>Corrective Action: (None)</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.363:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Notification To AH Baldwin Detention Center 3. Working on Womanhood Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Program Director <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.363 (a): Upon receiving an allegation that a resident 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 agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 17), states that upon receiving an allegation that a Resident was Sexually Abused while confined at another facility, the WOW Program Director or PREA Coordinator will notify the administrator of the facility where the alleged abuse occurred.</p>

	<p>Per the PAQ, there were no allegations of sexual abuse received at WOW that a youth had been sexual abuse.</p> <p>There was one reported allegation of sexual abuse that was reported to AH Baldwin Detention Facility that occurred at the facility.</p> <p>115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The WOW program policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Per the PAQ, there was one allegation of sexual abuse received at WOW which required notification to another facility head.</p> <p>115.363 (c): The agency shall document that it has provided such notification.</p> <p>The allegation of sexual abuse was reported per policy by WOW to the Baldwin Detention Center and was documented on the Reporting to Other Facility Form on June 9, 2023.</p> <p>115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 17) indicates that the Program Director that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.</p> <p>When information was received about an allegation of abuse that occurred at another facility, the Program Director immediately notified the Baldwin Detention Center Director. This contact was made by Program Director "Reporting to Other Confinement Facilities Form" along with a PREA Summary Review of the alleged sexual abuse.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.364:

1. Working on Womanhood (WOW) Program Pre-Audit Questionnaire (PAQ)
2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)

The following staff were interviewed to determine compliance with this standard:

1. Random Staff (12)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pgs. 17-18), provides guidance on the agencies first responder plan. The policy states that upon learning of an allegation that a Resident was sexually abused, the first staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor.
5. Staff will follow the WOW Administrative Investigative Protocol form; and.
6. Seek consultation from their immediate supervision when needed.

Per the PAQ, there were zero allegations of sexual abuse reported in the last 12 months. Interviews were conducted with 12 security staff that may be considered first responders. All the interviewed staff consistently reported that the duties of a

	<p>first responder to include but are not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.</p> <p>115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 18), states that if a contract provider or volunteer is the first staff to receive an allegation they would determine when the incident allegedly occurred, request that the resident not take any action that may destroy physical evidence, and notify the program Care Manager. When deemed necessary, the Care Manager may be notified immediately prior to implementation of the initial step.</p> <p>All staff at WOW are considered first responders. Twelve random staff interviewed consistently reported that the duties of a first responder to include but not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of her medical condition.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.365:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. WOW Coordinated Response Plan 3. Working on Womanhood Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p>

	<p>Specialized Staff (1)</p> <p>1. Program Director</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The WOW program has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA coordinator is responsible for the oversight of the said plan. The plan states that the reporting duties are as follows:</p> <ol style="list-style-type: none"> 1. Any employee shall immediately report to their immediate supervisor, any knowledge, suspicion, or information they receive regarding an allegation of Sexual Abuse, Sexual Harassment, or retaliation. Reports should also include any knowledge of neglect or violation of responsibilities that may have contributed to the alleged incident. 2. The supervisor will immediately notify the WOW Care Manager who will notify the PREA coordinator, PREA investigators, and Program Director simultaneously. 3. The staff First Responder will initiate necessary actions, and document the incident using the WOW incident report form. An administrative investigation will be conducted. 4. All critical incidents should be reported using DYS Form 9.9 Critical Incident Report as outlined in DYS Policy 9.9; and if suspected, reasonably suspicious, or indicated, the child abuse reporting procedure should be followed (pg.16). <p>When interviewing the Program Director, the process was further confirmed in that in response to an allegation of sexual abuse; staff immediately notifies the supervisor, separate the individuals, don't allow the residents to shower, immediately investigate, seek follow up medical care immediately, request follow up with medical and mental health.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.366	Preservation of ability to protect residents from contact with abusers
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.366:</p> <p>1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)</p> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>1. Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The WOW program does not have collective bargaining. This section is not applicable. The facility, thereby, materially meets the provision for this standard. The interviewed agency head reported that the WOW program is a part of the University of Alabama and is not unionized nor included in an employee association.</p> <p>115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>115.366 (b): The auditor was not required to audit this provision.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.266.</p> <p>Corrective Action: (None)</p>
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115.367	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.367:

1. Working on Womanhood Pre-Audit Questionnaire (PAQ)
2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (3)

1. Agency Head
2. Program Director
3. Designated Staff Member Charged with Monitoring
4. Residents in Isolation (0)
5. Residents who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.367 (a): The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), establishes protective measures for 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 and staff. The WOW Care Manager or designee is charged with monitoring retaliation for all sexual misconduct allegations and incidents. Measures such as room changes or transfers for Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for Residents or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations will be implemented in instances of retaliation (pg. 20).

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), states that protections from retaliation will be afforded

all Residents and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations. The WOW Care Manager or designee is charged with monitoring retaliation for all sexual misconduct allegations and incidents. Measures such as room changes or transfers for Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for Residents or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations will be implemented in instances of retaliation.

The program reported in the PAQ, that no residents were placed on segregated housing after reporting sexual abuse or sexual harassment. The interviewed agency head reported that the program has a staff retaliation monitor that assess for signs of possible retaliation between youth and staff and youth. The interviewed Program Director reported that the following steps are taken to protect residents from staff retaliation: retaliation monitoring, ongoing training and monthly staff meetings, and supervisory meetings to address any concerns.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall 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. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pgs. 20-21), states that the WOW program, program care manager or designee, will monitor the conduct and treatment of residents and staff for at least 90 days following a report of sexual abuse. The policy further states that the program will monitor to determine "if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation; monitoring and any concerns shall be discussed with the PREA Response Team (pg.21).

In response to the PAQ, there were zero instances where the program had to monitor for retaliation.

The Director and the designated staff who monitor for retaliation stated that, if any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team will make recommendations and ensure program administration takes appropriate measures to protect that individual against retaliation.

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20) states that for at least 90 days following a report of

	<p>Sexual Abuse, the program Care Manager or designee will 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 and any concerns shall be discussed with the PREA Response Team.</p> <p>115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 21) states that "if any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team will make recommendations and ensure program administration takes appropriate measures to protect that individual against retaliation.</p> <p>The interviewed agency head reported that the program retaliation monitor, in concert with the program administrator, will monitor the parties involved. Separation and assignment adjustments will be made when deemed necessary and it does not punish or negatively impact the cooperation of individuals.</p> <p>115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>115.367 (f): The auditor is not required to audit this provision.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.367.</p> <p>Corrective Action: (None)</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.368:</p> <ol style="list-style-type: none"> 1. Working on Womanhood Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 3. Investigations <p>The following staff were interviewed to determine compliance with this standard:</p>

Specialized Staff (4)

1. Agency Head
2. Staff who Supervise Residents in Isolation (NA)
3. Medical
4. Mental Health
5. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

15.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. Policy # 430.00, page 14 M states: Offenders with a high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the offender in involuntary segregated housing no longer than twenty-four (24) hours while completing the assessment.

As reported in standard 115.343, Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 12), states that WOW will not use isolation for residents at risk for sexual victimization. Residents at risk of sexual victimization, or those Residents alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Residents safe. This step should be used only until an alternative means of keeping all Residents safe can be arranged. The policy provides the below guidelines:

- Whenever a Resident is held in isolation for protective reasons, documentation regarding concerns for the Resident's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Resident's file.
- During any period of isolation, Residents will be allowed access to daily large-muscle exercise and required educational programming or special education services. Residents in isolation shall receive daily visits from a

In response to the PAQ, there was no resident at risk for sexual abuse or sexual harassment who was placed in involuntary segregation.

Interviews with the Program Director indicated that there were no residents who were placed on isolation for protection, as a result of sexual abuse allegations. The Director also confirmed that a resident would only be placed on isolation from others as a last resort when less restrictive measures are inadequate to keep them safe. While the use of isolation has not be utilized for sexual abuse or sexual harassment allegations; residents who are placed in isolation have done so only until safety and order is restored.

	<p>The program has a safe room if needed. The interviewed mental health and medical staff reported that if a resident was placed on isolation the resident will be checked daily and pill call will occur on the unit. The interviewed staff reported that they are unaware of any residents being placed on isolation for sexual abuse or sexual harassment.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.368.</p> <p>Corrective Action: (None)</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.371:</p> <ol style="list-style-type: none"> 1. Working on Womanhood Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 09/19/2022) 3. Investigation Reports <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Investigator (DYS) 2. Investigator (YSI) 3. Investigator (WOW) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>In response to the PAQ, the program has a policy related to criminal and administrative investigations. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.18), states that the PREA investigator(s) is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The three interviewed investigators reported that allegations of sexual abuse and</p>

sexual harassment are initiated immediately upon notification. A preliminary investigation often takes place within 24 to 48 hours of receipt of the allegation. The information gathered during the preliminary investigation informs the decision to proceed with a full investigation. Additionally, they will notify behavior health services to follow up with the resident. Anonymous or third-party reports of sexual abuse or sexual harassment are handled the same as any other investigation.

115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Per the PAQ, the WOW program reported having specially trained investigators. While conducting the on-site review, it was found that there are five staff are specially trained and responsible for conducting investigations into allegations of sexual abuse and sexual harassment. The specialized investigator training record was provided for five investigators.

During interviews, investigators were able specify specialized training received. The training was described as being a combination of the initial PREA training and online training completed through the National Institute of Corrections (NIC) and End Violence Against Women International (EVAWI). When further probed, both investigators discussed that the training addressing how to conduct both administrative and criminal sexual abuse and sexual harassment investigations, interviewing techniques, crime scene protection, Miranda and Garrity; along with chain of command, and when to request outside support or additional assistance.

115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 18), states that Investigator(s) assigned to conduct Sexual Abuse and Sexual Harassment investigations shall utilize the skills obtained through receipt of special investigative training.

When interviewing the YSI, DYS and WOW investigators, they were able to describe a variety of evidence gathering techniques, and the process by which to proceed toward substantiating an allegation of sexual abuse or sexual harassment. The first steps in initiating an investigation involve the receipt of an incident report. Immediately following receipt of the report, the investigator would review video and audio footage and send the preliminary information to the PREA Coordinator. The investigation process includes but is not limited to:

- Allegation received by program administration.
- Information shared with the WOW PREA Coordinator
- The WOW PREA Coordinator reviews the information to determine if the allegation falls within PREA response.

- If an investigation is needed, a preliminary investigation is conducted and the WOW PREA Coordinator forwards the needed information to the designated investigator to begin the investigation.
- If at any point during the investigation criminal behavior or staff custodial misconduct is suspected, the allegation information is also reported to UA HR (when applicable), Tuscaloosa County Sheriff's Department, and the Alabama Department of Human Resources.
- The final report is written by the investigator; along with investigation outcome, and submitted to the WOW PREA Coordinator.
- The WOW PREA Coordinator shares the report with the WOW PREA response team for review and comment.
- Investigations are discussed during the monthly PREA response team meetings.
- When applicable, program staff work cooperatively with any outside entities to conduct the investigations.

The evidence gathering process includes but is not limited to: statements (victim/perpetrator/witness), camera footage review; talk to involved parties; and contact outside law enforcement to handle direct evidence. However, the WOW staff will maintain and keep evidence safe until the evidence is turned over to local law enforcement.

115.371 (d): The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 18), states that the program will not terminate an investigation solely because the source of the allegation recants the allegation.

Interviews with investigators, reported that they will not terminate an investigation if the source of the allegation recants.

115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 04/25/2014), (pg. 18), states that When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the investigator(s) ensures that the allegations are referred for investigation to law enforcement.

The interviewed investigators reported that they do not conduct compelling interviews and guidance is taken from the UA HR on process and procedures for prosecutable crimes. The WOW investigators will conduct the initial interviews but will not continue questioning that appears compelling in nature.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status

as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 19), states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Resident or staff. A Resident who alleges Sexual Abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The interviewed investigators reported that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not based on a person's position or status in the program; however prior reports will be reviewed and taken into consideration. It was also reported that under no circumstance would they require a resident who has alleged sexual abuse to submit to a polygraph examination.

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 19), states that administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. All written documentation/materials and audio files will be collected during the course of an investigation will be stored on a secure thumb drive.

During interviews investigators reported that administrative interviews are documented in written reports. The reports will include any information that was used to make the final determination such as video and audio footage, interviews, pertinent factors that should be considered (such as an individual's mental or physical state at the time of the interviews). Additionally, every effort is taken to determine what may have contributed to the incident and the information is reviewed and shared with the PREA response team.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 19), states that criminal investigations shall be documented in a written report that contains a thorough description of physical,

testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Criminal investigations are not conducted by the program or program staff. Criminal investigations will be conducted by the designated law enforcement agency.

The WOW program investigators do not conduct criminal investigations. Criminal investigations are referred to the Tuscaloosa County Sheriff's Department.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Allegations of sexual abuse or sexual harassment that are criminal in nature are referred to local law enforcement. The interviewed investigators reported that the incident would be referred for prosecution when any criminal behavior is suspected. One interviewed investigator reported that a preponderance of evidence will also be taken into consideration.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 19), states that WOW shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the program, plus five years, unless the abuse was committed by a Resident and applicable law requires a shorter period of retention.

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 19), states that the departure of the alleged abuser or victim from the employment or commitment to the program shall not provide a basis for terminating an investigation.

The interviewed investigators reported that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation; the investigation will continue and referred to the appropriate entities.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (l): N/A

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

	<p>The interviewed investigators reported that when an outside agency investigates an incident of sexual abuse in the program, the investigators will assist in the process as needed. The interviewed PREA coordinator manager reported that when an outside agency investigates allegations of sexual abuse, WOW and YSI administration cooperates fully with any outside investigations. The PREA coordinator or designee will communicate regularly with the investigating body to stay informed of the progress.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.371</p> <p>Corrective Action: (None)</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.372:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Investigator (DYS) 2. Investigator (YSI) 3. Investigator (WOW) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), defines how to substantiate an allegation of sexual abuse and sexual harassment; and that administrative or criminal investigation findings do not impose a higher standard than preponderance of evidence. The policy further states that “WOW will impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse</p>

	<p>or Sexual Harassment are substantiated (pg. 20).</p> <p>Interviewed investigators stated that a preponderance of evidence is the standard used to substantiate an allegation of sexual abuse or sexual harassment. Investigators further elaborated that the standard of proof in administrative investigations is the preponderance of the evidence.</p> <p>Based on review of investigation files associated with administrative or criminal findings of substantiated cases, it appeared that the WOW program used PREA related standards of preponderance of evidence.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.372.</p> <p>Corrective Action: (None)</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.373:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Investigations 4. Notification of PREA Investigative Outcome <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Investigators (3) 3. Resident that Report Sexual Abuse (NA) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 2</p>

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 3

In response to the PAQ, the program has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), further confirms said policy standard.

The facility reported in the PAQ that there were 4 criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the WOW program. Three of the 4 residents were notified verbally or in writing, of the above results of the investigation. It was further reported that many of the notifications were made verbally

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The WOW program utilizes an outside entity to conduct the criminal investigations. In response to the PAQ, there were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months. The program policy also states that investigators shall request the relevant information from the investigative entity in order to inform the Resident (pg. 20).

115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), states that following an investigation into a Resident's allegation of Sexual Abuse by a staff member, the investigator/designee shall inform the Resident verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Including whether the staff is no longer assigned within the Resident's living unit; no longer employed in the facility; has been indicted or convicted on a charge of sexual abuse within the facility.

115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within

	<p>the facility.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.20), stipulates that following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the WOW program subsequently informs the victim whenever the:</p> <ul style="list-style-type: none"> • Program learns that the alleged abuser has been indicted; and/or. • Convicted on a charge related to Sexual Abuse within the program. There were no identified residents who reported sexual abuse. <p>115.373 (e): All such notifications or attempted notifications shall be documented.</p> <p>115.373 (e). As reported in the PAQ, the WOW program has a policy that all notifications to residents described under this standard are documented. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 20), confirms said requirements.</p> <p>115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>115.373 (f):</p> <p>The auditor is not required to audit this provision.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.376:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Investigations 4. Termination Letter of Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The WOW program reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022),(pg. 24), states that in accordance with UA HR policies, staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies. Interviews with the PREA Coordinator and Director confirmed understanding of the agency's ability to implement disciplinary sanctions on staff.

115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of staff from the facility that has violated agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

The WOW program reported in the PAQ that there were zero staff that violated the agencies sexual abuse or sexual harassment policies. However, in the event there was an instance of staff violating the sexual abuse and sexual harassment policy, Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 21), states that termination will be presumptive disciplinary sanction for staff who engaged in sexual abuse.

The facility had one termination of a staff member that made contact with a youth after the youth was released from the program. This incident was not proven to be PREA related.

115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

In the past 12 months, 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

	<p>policies: 0</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 24) requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offense, and the employee’s work history. In response to the PAQ, there was no disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.</p> <p>Upon review of the investigations there was an incident involving staff that had contact with a youth after release from the WOW facility. The incident was investigated and there was not enough evidence to corroborate the allegations as PREA, however under the UA’s Title IX office and UA Human Resources, a decision was made to remove the staff and he was discharged from employment.</p> <p>115.376 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 24), indicates that all terminations for violations of Agency Sexual Abuse or Sexual Harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. It was further reported in the PAQ that there were zero instances in which staff from the program were reported to law enforcement or licensing boards.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.377:

1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)

2. Working on Womanhood Pre-Audit Questionnaire

The following staff were interviewed to determine compliance with standard 115.377:

Specialized Staff (2)

1. Agency Head
2. Program Director

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that any contractor or volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Residents, and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal

In response to the Pre-Audit Questionnaire: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0

115.377 (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

While there have been no instances in the past 12 months where the WOW program had to take action on a volunteer or contractor. The program has a policy in place to address any volunteers or contractors who violate the PREA standards of sexual abuse and sexual harassment. As stated in Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), any contractor or volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Residents, and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal (pg. 26).

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted.

Corrective Action (None)

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.378:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Investigation (1) 4. Resident Sanctioned (1) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Program Director 2. Medical 3. Mental Health <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 1</p> <p>In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 25), states that a Resident may be subject to program disciplinary sanctions by the disciplinary committee only pursuant to a formal disciplinary process following an administrative finding and PREA Response Team recommendation that the Resident engaged in Resident-on-Resident Sexual Abuse or following a criminal finding of guilt for Resident-on-Resident Sexual Abuse.</p> <p>115.378 (b): Any disciplinary sanctions shall be 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.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations,</p>

(dated 08/19/2022), (pg. 25), states that any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in isolation the Resident will have access to daily large-muscle exercise and any required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using an Isolation Activity Log or similar document.

In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse that were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 25), indicated that that program disciplinary committee will take into consideration whether a Resident's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. The disciplinary committee may want to consult with the Resident's therapist for additional information on the Resident's mental status before imposing a sanction.

The interviewed Program Director reiterated that the WOW program is a therapeutic treatment facility. When assessing sanctions, a resident's mental disability or mental illness is taken into consideration when making disciplinary sanction decisions.

115.378 (d): 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 resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Per the PAQ, the WOW program offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse; and the program shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Interviews with the medical and mental health staff indicated that all residents are offered individual and group related services. When services are provided, it is voluntary participating, with the expectation that they will participate; however, it is not tied to a reward-based system.

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 25), states that the program may discipline a Resident for Sexual Conduct with staff only upon a finding that the staff member did not consent to such conduct.

No resident has been discipline for sexual contact with staff.

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 25), distinguishes that for the purpose of disciplinary action, a report of sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 25), states that WOW prohibits all sexual activity between Residents and may discipline Residents for such activity. WOW, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity was consensual.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.381:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Medical Screenings <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Residents who Disclosed Prior Sexual Victimization at Risk Screening (5) 2. Staff Responsible for Risk Screening 3. Medical Staff 4. Mental Health Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The WOW reported in the PAQ, that 19 of the residents who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 11), states that if the screening indicates that a resident has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse,</p>

whether it occurred in an institutional setting or in the community, the assigned therapist will have a follow-up meeting with the resident within 10 days of the intake screening. Consultation with other medical and mental health practitioners will be determined by the Assistant Director and Program Director.

The interviewed staff responsible for risk screening stated that reassessments would occur within 10 days of intake. Five of the six interviewed residents disclosed a prior history of sexual victimization at risk screening. When asked whether or not when they told staff at the program that they had been sexually abused; whether they were asked if they wanted to meet with a medical or mental health practitioner; five of the six youth stated they were asked and met with a counselor.

115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

As stated previously, residents that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community will be offered a follow up meeting with a mental health practitioner within 14 days. The interviewed staff responsible for risk screening reported that if a screening indicates that a resident previously perpetrated sexual abuse a follow up meeting with a mental health practitioner would occur within 10 days.

Youth who reported previous perpetration were provided access to follow up mental health care.

115.381 (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 12), states that any information related to Sexual Abuse, Sexual Victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed, education, and program assignments.

115.381 (d): Medical and mental health practitioners obtains 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.

The WOW program policy indicates that for residents 18 years of age or older, medical and mental health practitioners may obtain informed consent from Residents before reporting information about prior Sexual Victimization that did not occur in an institutional setting (pg. 12). The interviewed medical and mental health

	<p>staff reported that informed consent from residents, before reporting prior sexual victimization that did not occur at the program, occurs at intake. Their informed consent is obtained by going over the form with the resident and on occasion from the parents as well (dependent on the custody of the resident).</p> <p>The auditor interviewed five (5) residents who disclosed prior sexual abuse during the on-site portion of the audit.</p> <p>Current operations and practices exceeds the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: None</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.382:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Medical Health Screening Form <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Medical Staff 3. Mental Health Staff 4. Residents who Reported a Sexual Abuse (NA) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.382 (a): Resident victims of sexual abuse shall 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.</p> <p>In response to the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. The WOW</p>

program provided a copy of the Medical Health Screening form; however, it should be noted that there were no residents identified that required or requested outside emergency medical treatment or crisis intervention services.

Interviewed mental health and medical staff reported, that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification. Medical and mental health staff interviewed during the site review was able to clearly state their responsibilities in responding to a reported incident of sexual abuse.

115.382 (d): Treatment services shall be 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.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.382 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The WOW program policy states that “the program will offer medical and mental health services as appropriate and at no cost, to all Residents who have been victims of sexual misconduct that occurred in any Resident Facility. Treatment of alleged victims within 72 hours of an incident shall occur as follows:

1. WOW medical staff will ensure that the SANE provider or contract hospital take a medical history in addition to conducting the forensic examination and documenting the extent of any physical injury. Necessary referrals for additional medical services should be documented. Forensic medical examination services shall include:
2. Collection of evidence from the victim, using a kit approved by the appropriate authority.
3. Giving the evidence collected directly to local law enforcement; Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate.

115.382 (c): Resident victims of sexual abuse while incarcerated shall be 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.

In response to the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally

	<p>accepted standards of care, where medically appropriate. Interviewed medical and mental health staff reported that such services are addressed through the programs medical team. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 22) states that “Prophylactic treatment and follow-up for sexually transmitted diseases.</p> <p>1. When the Resident returns to the program WOW nursing staff shall ensure that the Resident victim receives follow-up testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial tests and as determined by the contract physician.</p> <p>2. The onsite nursing staff shall ensure that the Aggressor, if a Resident, receives testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, HPV, and HIV. Medical follow- up shall reflect retesting at six weeks, three months, and six months after the initial tests, and additional testing as determined by the contract physician.</p> <p>There were no residents at the WOW program who reported sexual abuse while at the program. However, the interviewed medical and mental health staff reported that any needed current or follow up services would be coordinated with the onsite medical staff.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.383:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse (NA) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.383 (a): The facility shall 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 22) states that on-site nursing assessment for possible medical issues for sexual assault victims shall occur upon notification of an incident, with referral made to the contract physician for needed treatment and follow-up care. The policy further indicates that the “program will offer medical and mental health services as appropriate and at no cost, to all Residents who have been victims of sexual misconduct that occurred in any Resident Facility” (pg. 21).

115.383 (b): The evaluation and treatment of such victims shall 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.

The above referenced policy further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (pg. 21). Interviews with medical and mental health staff indicated that the evaluation of and treatment of offenders who have been victimized entail:

- Referral for forensic medical services (local hospital).
- Conduct follow up services onsite clinical assessment or medical services.
- Mental health will do an initial treatment and service plan.
- If close to release refer to community-based services.
- If necessary, the program can call on an outside group to conduct emotional supportive services. Additionally, staff will assess the nature of the incident; emotional reactions and how impactful. Services can range from a trauma focused therapeutic modality.

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care.

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offered pregnancy prophylaxis.

The interviewed medical staff reported that residents who have been vaginally sexually abused are offered pregnancy tests.

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

In response to the PAQ, if pregnancy results from sexual abuse while incarcerated, WOW will ensure victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas a pregnancy test was necessitated.

115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

WOW staff will ensure that residents of sexual abuse are provided a sexually transmitted infections test, along with receiving any necessary follow up medical care. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 22) states that tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and Prophylactic treatment and follow-up for sexually transmitted diseases. When the Resident returns to the program WOW nursing staff shall ensure that the Resident victim receives follow-up testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial tests and as determined by the contract physician.

There were no identified residents who reported sexual abuse at the WOW program.

115.383 (g): Treatment services shall be 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. The agency provides treatment services without financial cost to victims.

As reported in the PAQ, the WOW program attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

There were no substantiated allegations of sexual abuse, based on resident-on-resident reports. As reported by the medical and mental health staff, there were allegations of prior history of sexual abuse, and the facility provides services based on the unique needs of the residents.

115.383 (h): The facility shall 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.

	<p>As reported in the PAQ, the WOW program attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The interviewed mental health staff reported that the evaluation and treatment of residents at WOW is an ongoing process.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.383 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.386:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. PREA Response Team Meeting Agenda (12) 4. PREA Investigation Outcome/Review/Monitoring Form <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (5)</p> <ol style="list-style-type: none"> 1. Program Director or Designee 2. PREA Compliance Manager 3. Incident Review Team (3) <p>The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision):</p> <p>115.386 (a): The facility shall 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.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded"</p>

incidents: 1

In response to the PAQ, the WOW program, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. It was further reported that in the past 12 months, there were 11 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that the WOW PREA Response Team will conduct an incident review at the conclusion of every sexual misconduct investigation, regardless of investigative outcome. All allegations will be reviewed by the PREA Response Team.

115.386 (b): Such reviews ordinarily occur within 30 days of the conclusion of the investigation.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26) states that “such review shall ordinarily occur within 30 days of the conclusion of the investigation. In response to the PAQ, there were zero instances of sexual abuse at the facility in the last 12 months. There were nine PREA Response Team reviews reviewed. Based on the set up of the review form, it was difficult to determine the details of what was being reviewed”; however, it should be noted that the reviews occurred consistently within the 30-day time period. Upon corrective action, the WOW program re-implemented the PREA Investigation Outcome/Review/Monitoring Form. This form contains all of the areas of review as identified by the standard.

115.386 (c): The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that “the WOW PREA Response Team includes program administration, investigators, clinical staff representative, care staff supervisory representative, medical staff representative, and PREA Coordinator.” In response to the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The interviewed Program Director reported that the WOW program has a sexual abuse incident review team. The team is inclusive of upper level management, medical and mental health practitioners.

(d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be

deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), indicated that the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics within the program.
3. Discuss the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and.
6. Prepare a report of its findings, including but not necessarily limited to determinations made, any recommendations for improvement, or changes to programming or disciplinary consequences. Recommendations for facility improvements or programmatic changes will be discussed with program administration.
7. Program administration shall work to implement the recommendations for improvement or discuss with the PREA Coordinator potential issues and/or reasons the recommendations cannot be implemented. Discussions or communications will be documented.

The interviewed PREA Coordinator reported that if the facility conducts a sexual abuse incident review, the team will look to determine if policy or procedural changes are needed. If discrimination was involved based on youth identification or perceived identification, any facility design considerations that may have contributed to the alleged incident, staffing levels or assignments, or technology upgrades. The PREA Coordinator will review the information and drafts a statement for the website. There have not been any trends regarding allegations, and it tends to flow based on the population of residents. Some of the actions after the report being submitted will be to note an overview of the number of allegations from one year to another and post the information on the YSI website.

Five staff that are a part of the incident review team were reported that the review team takes the following into consideration when reviewing incidents of sexual abuse and sexual harassment:

- Whether the allegations are motivated by race.
- Ethnicity
- Gender identity

	<ul style="list-style-type: none"> • Lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status. • Gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. <p>The team also examines the areas in the facility where the incident allegedly happened to assess physical barriers; along with staffing levels, and monitoring of technology. One of the team members reported that they previously identified a blind spot in the recreation yard and took action by installing additional cameras. It was also reported that video and monitoring of technology is ongoing; maintained quarterly and suitability is assessed regularly outside of the allegation review process.</p> <p>In review of the nine PREA Response Team notes, there was no indication that the above-mentioned areas were being assessed. In further discussion with the PREA Coordinator, the above areas are discussed however, in order to ensure complete documentation of the process the WOW program will begin utilizing the PREA Investigation Outcome/Review/Monitoring Form to ensure complete compliance.</p> <p>115.386 (e): The facility implements the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>The above referenced policy further states that the facility shall implement the recommendations for improvement or document its reasons for not doing so” (pg. 26). In response to the PAQ, the WOW program, implements the recommendations for improvement of documents its reasons for not doing so. Upon review of the nine completed PREA Response Team reports, there were no identified substantiated cases of sexual abuse. There were no policy or practice changes identified.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.387:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022)

2. Working on Womanhood Pre-Audit Questionnaire

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.387 (c): The incident-based data collected shall 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.

115.387 (a/c): As discussed in the PAQ, the WOW program, reviewed data collected and aggregated under to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg.27) states that the program will collect accurate, uniform data for every allegation of Sexual Abuse and Sexual Harassment within the program. This data will be logged in an internal database updated by the PREA Coordinator or designee.

115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

Per Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), indicates that data will be aggregated annually. Based upon the auditor's review of available annual reports and per policy, agency data is aggregated annually. The facility is compliant with the intent of the provision.

115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that the program shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and incident reviews.

115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 04/25/2014), (pg. 26), states that as needed, the DYS PREA Coordinator may request incident-based and aggregated data from WOW.

115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

	<p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), pg. 26), indicated that upon request, the WOW program will provide all program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department’s Survey of Sexual Violence, Form SSV-5.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.388:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Annual Report <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.388 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations,</p>

(dated 08/19/2022), (pg. 26), states that “ the WOW PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the program’s Sexual Abuse prevention, detection, and response policies and practices, and training including:

1. Identifying problem areas.
2. Taking corrective action on an ongoing basis; and.
3. Preparing an annual report of findings, corrective actions, and improvements.

The interviewed agency head stated that data will be used to identify problem areas and use this information to improve program protocols, policies, training, and facility enhancements. This will be reviewed after discussion of PREA allegations during the monthly team meetings.

The interviewed PREA Coordinator reported that the WOW program reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. It was also reported that the number of allegations is assessed regularly during periodic PREA Response Team meetings, and annual data is reviewed by the PREA Coordinator annually. This information is used to determine if additional surveillance equipment is needed, if supervision strategies should be adjusted, or if additional training is needed for staff or students. Additionally, the PREA Coordinator will review the information and share it the PREA response team and WOW administration when adjustments are needed. An annual summary is provided on the YSI website and a more detailed report is available upon request.

115.388 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that “the program’s annual PREA report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the program’s progress in addressing Sexual Abuse and Sexual Harassment.

115.388 (c): The agency's report shall be 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.

Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), indicated that “the WOW annual PREA report shall be developed by the PREA Coordinator, reviewed by the PREA Response Team, and approved by the YSI Director. The report will be available to the public through the program’s website.” The interviewed agency head reported that any annual reports and annual information provided on the YSI website is approved by the YSI Director.

115.388 (d): The agency may redact specific material from the reports when

	<p>publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>When complete the above mentions reports, names and descriptors are not used in the annual summary. The material not included in the annual summary is noted on the program website. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 26), states that the program may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the program and its residents. The nature of the material redacted will be noted.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.388 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.389:</p> <ol style="list-style-type: none"> 1. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022) 2. Working on Womanhood Pre-Audit Questionnaire 3. Annual Report <p>The following staff was interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>15.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>The WOW program reported in the PAQ that incident-based and aggregate data is securely retained. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 28), provides direction on the agencies responsibility to collect and retain incident- based and aggregate data securely. Said</p>

	<p>data is made readily available to the public at least annually through the agency website. The program maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection.</p> <p>During interview, the PREA Coordinator, it was reported that the PREA Coordinator is responsible for reviewing the information and sharing it with the PREA response team. The WOW administration will make adjustments as needed. The database is stored on a secure thumb drive and initials are used instead of names. Action is taken if needed based on data and trends.</p> <p>115.389 (b): The agency 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 or, if it does not have one, through other means.</p> <p>The annual numbers are provided on the website however a more detailed report is available upon request. The WOW PREA Coordinator provided a copy of the annual report.</p> <p>115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>In response to the PAQ, the WOW program, removes all personal identifiers before making aggregate sexual abuse data public. Upon review of the report there are no personal identifiers indicated.</p> <p>115.389 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, (dated 08/19/2022), (pg. 28), indicates that sexual abuse data is collected pursuant to 115.387 and maintained for at least ten (10) years.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.389 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.401:

1. DYS Inspection

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

The WOW program website contains the results of all of the PREA audits conducted since 2014. Working on Womanhood was last audited August 2020; the facility was compliant in all PREA Standards. Reports can be found at <https://ysi.ua.edu/>.

115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Working on Womanhood is the only facility operated by the governing agency.

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

During the on-site portion of the audit, the auditor was given complete access to, and the ability to observe, all areas of the audited facility. During the site review, the auditor was accompanied by the facility staff. During the site tour the auditor informally interviewed residents, and staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard.

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

During the onsite visit, the auditor was provided access to all documents requested. All documents requested were received to include but not limited to employee and resident files, sensitive documents, and investigation reports.

During the report writing phase the auditor request addition documentation, the facility provided all requested documents.

115.401 (m): The auditor shall be permitted to conduct private interviews with residents.

The auditor was provided private a room to conduct resident and staff interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The room provided for interviews was soundproof and

	<p>somewhat visually confidential from other residents which were judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related information during interview. All individuals interviewed were forthcoming and polite, no individual refused interview.</p> <p>115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received from youth, staff, contractor, volunteers, or outside interested parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The WOW program posts its PREA Audit reports on the agency website at https://ysi.ua.edu/wow/. The reports are available for review by the public. There is a link to the Final PREA Audit reports provided on the right section of the page, under forms and reports. The program is compliant with the intent of the provision.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.</p>

	Corrective Action: (None)
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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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
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	yes

	functions of the facility? (N/A for non-secure facilities)	
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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	na
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.)	yes
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))	na
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	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.	yes
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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?	no
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
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	yes

	cooperates with any investigation arising out of the incident?	
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	yes

	the confinement of its residents.)	
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	na
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