

PREA Facility Audit Report: Final

Name of Facility: The Voyages Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/21/2024

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: Shirley Turner	Date of Signature: 06/21/2024

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	05/08/2024
End Date of On-Site Audit:	05/08/2024

FACILITY INFORMATION	
Facility name:	The Voyages Program
Facility physical address:	1109 Spring Drive, Opelika, Alabama - 36801
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Wendy Birmingham
Email Address:	wbirmingham@lcydc.org
Telephone Number:	334-750-8279

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

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	8
Average daily population for the past 12 months:	9
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:	11-18
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with	8

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
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Name of agency:	Lee County Youth Development Center Board of Directors
Governing authority or parent agency (if applicable):	
Physical Address:	1109 Spring Drive, Opelika, Alabama - 36801
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
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Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
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Name:	Phyllis Jeter	Email Address:	pjeter@lcydc.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-08
2. End date of the onsite portion of the audit:	2024-05-08

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:	Rape Crisis Center of East Alabama

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	9
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:	8
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<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>0</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>No text provided.</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>8</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>1</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:	0
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:	Support and ancillary services are provided by staff that serve the campus and not just this facility.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	There were only eight girls in the program; all eight were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were only eight girls in the program; all eight were interviewed.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only eight girls in the program; all eight were interviewed.
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<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

<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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>2</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>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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>Conferred with staff, observed population and reviewed risk assessment instruments.</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>Conferred with staff, reviewed risk assessment instruments, interviewed investigative staff.</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>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>Conferred with staff and reviewed risk assessment instruments.</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>Conferred with staff, reviewed risk assessment instruments, observed for segregation/isolation area.</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>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>There are seven direct care staff at this time; all have been interviewed.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>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):</p>	<p>There are seven direct care staff at this time; all have been interviewed.</p>

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):	5
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 type="radio"/> Yes <input checked="" 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)
a. Explain why it was not possible to interview the PREA Compliance Manager:	The role of PREA Compliance Manager is pending identification.

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 checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
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 facility does not have a contractor providing services within the facility at this time.

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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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>No text provided.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse during this audit period.

<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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations during this audit period.</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards	
Auditor Overall Determination Definitions	
<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) 	
Auditor Discussion Instructions	
<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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility PREA Policy, Written Institutional Plan</p> <p>Lee County Youth Development Center Organization Chart</p> <p>Facility Organization Chart</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Provision (a):</p> <p>An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to</p>

preventing, detecting, and responding to such conduct.

The agency, Lee County Youth Development Center (LCYDC), is a campus that contains an array of programs and services that provides a continuum of services for youth in need, including residential services for female juvenile offenders. The Voyages Program is located in the Stars Building on the LCYDC campus. The Voyages Program is managed by LCYDC and contracts with the Alabama Department of Youth Services (DYS) to provide short-term residential services. The facility is required by contract to adhere to the DHS overarching PREA policy and procedures and the PREA Standards. The agency and facility policies are aligned and provide guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies provide and address conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment.

Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in policy and include sanctions for those found to have participated in the prohibited behaviors. The DHS agency PREA policy serves as the primary document for the state-run and contract facilities to adhere to. Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The policies include but are not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews confirmed knowledge of the zero-tolerance and other related policies regarding sexual abuse and sexual harassment.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Policy provides for the designation of a PREA Coordinator that is an upper-level employee that reports directly to the Deputy Director of the LCYDC campus. The PREA Coordinator manages the PREA implementation efforts of the residential treatment program and the juvenile detention center, located on the LCYDC campus. The PREA Coordinator has knowledge of the audit processes. Collaboration exists with the campus' PREA Coordinator and the Alabama DHS statewide PREA Coordinator, as needed. The interview with the campus' PREA Coordinator, observations and other interviews revealed her authority to oversee the PREA initiatives and efforts.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

	<p>Currently, there is not a PREA Compliance Manager for the Voyages Program. A Compliance Manager was recently hired for the juvenile detention center, located on the LCYDC campus. He also serves as the PREA Compliance Manager and may assist in the Voyages Program as needed until a PREA Compliance Manager for the facility is identified.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Professional Service Contract</p> <p>Interviews:</p> <p>Superintendent/Agency Contract Administrator</p> <p>Provisions (a) and (b):</p> <p>(a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The public agency, Alabama Department of Youth Services (DYS), contracts for the provision of short-term residential services for female juvenile offenders with the Lee County Youth Development Center/Voyages Program. A contract exists that informs the provider of the requirements by the DHS to comply with the PREA Policy and PREA Standards. The practice was also confirmed by the interview and the last completed PREA audit report for the facility. The Voyages Program is not involved in a contract with other facilities for the confinement if its assigned youth.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interview, the Auditor determined compliance with this standard.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Policy and Procedures 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, Written Institutional Plan Policy</p> <p>Supervisory Monitoring Logs</p> <p>Security Assessment Surveillance Report</p> <p>Monthly Staffing Plan/Pattern</p> <p>Annual Staffing Plan Assessment</p> <p>Secure Facility Vulnerability Assessment</p> <p>Interviews:</p> <p>Superintendent/PREA Coordinator/Intermediate or Higher-Level Staff</p> <p>Random Staff</p> <p>Provision (a):</p> <p>The agency shall ensure 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:</p> <ol style="list-style-type: none"> (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.

Policy and monthly staffing plan/patterns provide the staffing ratios are met of 1:8 during the awake hours and 1:12 during the sleeping hours. The facility's staffing plan, internal controls and management ensures the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. The number of staff increases as needed due to program activities, population make-up, indication of closer monitoring needed, and other relevant factors. Observations during the comprehensive site review, telephone call during overnight shift, review of work schedules, and interviews, indicated the PREA staffing ratios are maintained.

The camera system compliments direct staff supervision. The staff have a clear line of site while residents are in the dayroom, activity room, lobby, and around campus. There are no cameras in the restroom however staff supervision provides the operator with a line of sight of residents. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews and review of documentation which support the staffing requirements. There is collaboration among staff in maintaining the staffing ratios; deviations during exigent circumstances will be documented on shift reports. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies.

Provision (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.

A coordinated effort was described in maintaining the staffing ratios. The operations of the facility provide for staff to be held-over to the next shift to ensure the ratios are met. Exigent circumstances may be sickness or circumstances that may cause staff to be late. Deviations may be documented on the shift reports. The Superintendent monitors the effectiveness of the work schedules based on the staffing plan/pattern requirements. The staffing plan shows the required staffing ratios. Internal staffing ratios ensure the PREA staffing ratios are met.

Provision (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.

Staffing ratios for the facility are provided by the direct care staff and/or staff with the required training working as direct care staff. The security practices and Department of Youth Services policy ensure the ratios of 1:8 during the waking hours and 1:12 during the sleeping hours are met. The ratios were discussed and observed for and met during the comprehensive site review. Direct care staff members primarily provide direct observation of residents. Since the last PREA audit the average daily number of residents is 9. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 9. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager 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
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The staffing plan assessment was completed on 4/19/2024 and was a cooperative effort by the PREA Coordinator and PREA Compliance Manager; the PREA Coordinator facilitates the process. The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; electronic monitoring system; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made by the construction and implementation of a corrective action plan that would be indicated through findings or recommendations. The annual assessment documents the summarization of the review including the staffing, physical plant and the electronic monitoring system.

The Staffing Plan Assessment did not contain any recommendations for corrective actions. The PREA Coordinator also completes a Secure Facility Vulnerability Assessment, annually. Such assessment was completed on September 1, 2023 and it measures and focuses on the safety and security of the facility. It provides for the assessment of broad areas such as: lightening and cameras; common areas on campus; visitation areas; and supervision of juveniles.

	<p>Provision (e):</p> <p>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.</p> <p>Unannounced rounds are conducted by the Superintendent/PREA Coordinator. The rounds are made at various times and a form, Supervisory Monitoring Log, is used which documents the visits to the Stars Building, location of the Voyages Program. The form provides an area to record any comments. The form also provides for the employee to record whether there was any indication that staff alerted other staff that the unannounced round was occurring, and for an explanation of the circumstances if other staff was alerted. Staff members are prohibited from alerting other staff when the rounds are occurring. The interview revealed she has her keys with her to easily enter the facility on her own and not be let in by other staff.</p> <p>The interviews and review of documentation and policy confirmed the unannounced rounds occur. According to the Superintendent, staff is not informed of when the unannounced rounds will occur and the visits are not conducted at scheduled times. The campus-wide security staff also makes unannounced rounds on the campus grounds and in the facilities during the overnight hours at various times. While the visits are performed regularly, they are not scheduled indicating when they will occur. These unannounced rounds are also documented. The rounds conducted by all staff are to identify and deter sexual abuse and sexual harassment and maintain the safety of the residents and staff.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy 3A-13, Security and Control</p> <p>Facility Policy, Written Institutional Plan</p>

Facility Search Policy

Cross-Gender Searches Form

Interviews:

Random Staff

Residents

Provision (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.

Cross-gender strip, visual body cavity and pat-down searches are prohibited except in exigent circumstances and all searches must be documented. Policy and training provide guidance to staff on how the searches are to be conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to the interviews, no type of cross-gender search has been conducted at the facility during the past 12 months.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Policy supports that staff conducting cross-gender pat-down searches must only do so in exigent circumstances. All searches must be documented. Responses from staff included that it must be an emergency. Staff interviews, policy and staff training confirmed their awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Cross-gender strip and cross-gender visual body cavity searches are prohibited unless in exigent circumstances. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There is a dedicated form to document all cross-gender searches. The form also contains the related standards that serve as a reminder to staff regarding elements in policy regarding cross-gender searches. There was no evidence documenting any type cross-gender searches and interviews with the residents and staff confirmed this premise.

Provision (d):

The facility shall 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. 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.

Shower and use of bathroom protocols exist. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. This practice was confirmed through interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the comprehensive site review, the Superintendent and random staff explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the toilets and while in the shower; there are shower curtains and doors to the toilets.

Staff members of the opposite gender are instructed to announce their presence when entering the Stars Building, location of the Voyages Program which is female only. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations support that viewing of the camera monitors does not show residents when they are showering, using the toilet or changing clothes. Hygiene practices do not allow staff to get a view of the resident while performing bodily functions.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

Policy and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred or would occur at the facility. The PAQ, staff interviews and other documentation report that staff received the training on conducting searches and searches of transgender and intersex youth. Staff interviews confirmed they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is

	<p>unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private.</p> <p>Provision (f):</p> <p>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>The training is conducted by the PREA Coordinator; she provides information on conducting cross-gender pat-down searches and searches of transgender and intersex youth. The training materials, sign-in sheets, policy and staff interviews document the training occurs. No such searches have been conducted during the past 12 months. It was recommended that the training regarding LGBTI youth be specifically stated on the sign-in sheets.</p> <p>Conclusion:</p> <p>Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Alabama Department of Youth Services (DYS) Policy and Procedures 13.8.1, PREA Rules and Regulations</p> <p>Lee County Youth Development Center (LCYDC) Written Institutional Plan</p> <p>Contract</p> <p>Interviews:</p> <p>Random Staff</p> <p>Targeted Interviewees</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p>

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.

Policy addresses the provision of support services for Limited English Proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents are not used as readers or interpreters, confirmed by random staff interviews and informal conversations with residents. The interviews revealed there was not a need for interpreters during this audit period.

Policy provides for interpreter and translation services, including the services for the Deaf by requiring PREA education to be in formats accessible to all residents. The education staff provides support services through their ability to modify/adapt information for all residents to understand. Assistance may also be provided by treatment staff to ensure all residents' understanding of the PREA information. Posted and other printed PREA information is in English and Spanish. Reporting information is posted within the facility.

Provision (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.

A contract exists between the agency and Auburn University and other contractors for professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is accessible to residents in English, Spanish and other languages are

	<p>obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.</p> <p>Provision (c):</p> <p>The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations.</p> <p>The use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident’s safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The facility documents there is access to services. The education unit and mental health staff members on campus have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy and Procedures 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>PREA Employment/Appraisal Questionnaire</p> <p>Criminal History Suitability Letters</p> <p>Employees Personnel File Audit Report</p> <p>Interview:</p> <p>Human Resources Staff</p>

Provisions (a) & (f):

(a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: (1) 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); (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, or 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. (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.

Policy addresses hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks, including child abuse registries. The background checks occur initially and every five years thereafter. The personnel files include the completed background checks and hiring documents. Background checks are obtained through a contract with First Advantage that performs background checks and screenings which include federal and State checks. Through the employment application process, prior to hire and promotion, applicants are asked to verify, in writing, whether they have been involved in previous misconduct.

The interview and a review of policies provide details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse.

Provision (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.

Policy supports that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiry made during the application process regarding previous misconduct.

Policy, background checks, and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone,

or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (d):

(c): Before hiring new employees who may have contact with residents, the agency shall: (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; 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. (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.

The background check process includes consulting the child abuse registry through the Alabama Department of Human Resources (DHR), the agency that also provides the clearance to hire the applicant as a result of the background check, as confirmed during the interview. The prospective employee or contractor also has to be cleared through the DHR. Best efforts are made to identify information of incidents or allegations of sexual abuse by a prospective employee.

Provision (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.

Initial background checks are conducted and are conducted every five years thereafter, in accordance with policy. The interview, review of documentation and a review of the policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with policy. According to the interview, this information is also covered in the new employee orientation training. Staff members have a continuing duty to report related misconduct. According to the interview, employees are informed during new employee orientation that they have a continuing affirmative duty to disclose any such misconduct. The employee is expected to tell their Supervisor and the Supervisor will relay the information to the

	<p>personnel office.</p> <p>Provision (h):</p> <p>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.</p> <p>The interview revealed that when a former employee applies for work at another institution, upon the request from that institution, the agency making the request will be informed regarding confidentiality of information and will be informed regarding conducting a background check and the hire date will be provided.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Facility Design Plan</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, the agency considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>The facility has not completed major renovations since the last PREA audit.</p> <p>Provision (b):</p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual</p>

	<p>abuse.</p> <p>The camera system supplements direct supervision provided to residents by staff. Cameras have not been added to the system and there has not been an upgrade to the system since the last PREA audit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Letter of Agreement, Rape Counselors of East Alabama, Inc.</p> <p>Training Certificate</p> <p>National Protocol for Sexual Assault Medical Forensic Examination Adults/Adolescents</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Campus Victim Advocate</p> <p>Advocacy Agency Representative</p> <p>Provisions (a) & (b):</p> <p>(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. (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.</p>

Policy and the national protocol manual indicate a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. Guidelines are provided for the campus-based investigator and may be shared with the Lee County Sheriff's Office. The training documentation for the campus-based investigator was reviewed. The campus-based investigator investigates administrative investigations and will contact the Lee County Sheriff's Office is contacted regarding allegations that are criminal in nature. The investigator and random staff members' interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. There were no allegations of sexual abuse during this audit period.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary 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 interview with medical staff confirmed that forensic examinations will be conducted at the emergency room at the local hospital with access to a Sexual Assault Nurse Examiner (SANE) in conjunction with the Lee County Sexual Assault Response Team. The agency policy ensures that forensic examinations will be provided at no cost to the victim. No forensic exams have been conducted during this audit period.

Provisions (d) & (e):

(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. (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.

Victim advocacy services have been arranged and are documented in a letter from

the agency, Rape Counselors of East Alabama. The advocacy agency works in conjunction with the local hospital and Lee County Sexual Assault Response Team. The telephone interview with the advocacy agency representative confirmed the inclusion of accompaniment, emotional support, education, and referral services. Information and brochures regarding advocacy services is provided to the residents during the intake process and is posted. A campus-wide victim advocate is also available to all residents. She has the background and experience to provide but not limited to victim-centered care, address safety concerns, knowledgeable of the juvenile and criminal justice systems; and coordinate follow-up services. The campus-based advocate also has a training certificate in Sexual Victimization/PREA Training.

Provisions (f) & (g):

(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 (f) of this section. (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The campus-based investigator, through the child welfare agency, conducts administrative investigations and refers allegations that are criminal in nature to the Lee County Sheriff's Office in accordance with the agency's policy and the provisions of the standards. The investigator cooperatively works with the Sheriff's Department which has been made aware of the requirements of the PREA Standards.

Provision (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.

A qualified staff member serves as the campus-wide victim advocate for any resident by their preference; or in addition to or when a community-based organization is unavailable. The facility provides information to the residents regarding victim advocacy. The campus-wide victim advocate has the background and experience to provide but not limited to victim-centered care, address safety concerns, knowledgeable of the juvenile and criminal justice systems; and coordinate follow-up services.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document:</p> <p>Agency Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Agency Head Designee</p> <p>Investigative Staff</p> <p>Provision (a):</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Facility and agency staff members are aware of the policy requirements as verified through their interviews. There were no allegations of sexual abuse or sexual harassment during this audit period. Policy and interviews support the cooperation between the facility staff and the investigator. The investigator has received training as documented by certificates and the interview.</p> <p>Provision (b) and (c):</p> <p>(a) The agency shall have in place a policy 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. 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. (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.</p> <p>PREA reporting information and policy are located on the both agency's websites and within the facility, accessible to the public, residents, volunteers, and contractors. Reporting information is also posted in various areas of the facility including but not limited to the living unit. Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained campus-based investigator. Allegations that are criminal in nature are investigated by the Lee County Sheriff's Office. During the past 12 months there were no allegations of sexual abuse or sexual harassment.</p> <p>Provision (d):</p>

	<p>Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>The campus and the Sheriff's Office have policies governing investigations. The Alabama Department of Youth Services has the overarching policy that the facility adheres to. Training documentation was reviewed by the Auditor of the campus-based investigator.</p> <p>Provision (e):</p> <p>Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, Written PREA Institutional Plan</p> <p>Training Guides and Outlines</p> <p>Sign-in Sheets</p> <p>Acknowledgement Statements</p> <p>Training Certificates</p> <p>Provisions (a) and (c):</p> <p>(a): The agency shall train all employees who may have contact with residents on:</p> <p>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>(2) How to fulfill their responsibilities under agency sexual abuse and sexual</p>

harassment prevention, detection, reporting, and response policies and procedures;

(3) Residents' right to be free from sexual abuse and sexual harassment;

(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;

(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;

(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;

(8) How to avoid inappropriate relationships with residents;

(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

(11) Relevant laws regarding the applicable age of consent.

(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.

Policies address PREA related training for staff which is provided initially upon employment and at least every two years thereafter. Interviewed staff members were generally familiar with the PREA information. The practice is that refresher training is provided at least annually. PREA training is provided to staff, as indicated by a review of facility and Alabama Department of Youth Services' policies, training documents and interviews. The facility reports and interviews and documentation confirm that staff members that may have contact with residents have been trained or re-trained on the PREA Standards requirements.

Provision (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.

	<p>The facility houses females only and staff training does consider the needs of the population served as indicated by the interviews. The policies and interviews support training being tailored to the needs and attributes of the population served. The program provides gender-responsive services that are tailored to the special needs of the population served and contribute to strong peer support. Interaction with the residents, observations, staff and resident interactions indicate the positive gender-responsive culture within the facility including the treatment process and group activities. All staff within the facility are provided PREA training.</p> <p>Provision (d):</p> <p>The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>The PREA training reviewed was documented and verified through staff interviews, training guides and other materials, sign-in sheets, certificates, and acknowledgement statements.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Training Materials</p> <p>Acknowledgement Statement</p> <p>Interview:</p> <p>Volunteer</p> <p>Provision (a):</p> <p>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.</p>

	<p>Policy requires volunteers and contractors who have contact with residents to be trained on PREA and their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response to allegations of sexual abuse and sexual harassment. The training session includes but is not limited to reporting allegations of sexual abuse and sexual harassment, related definitions and maintaining professional relationships with residents. The volunteer provides social services to the residents. There are no contractors providing services in the facility at this time.</p> <p>Provision (b):</p> <p>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.</p> <p>The PREA training informs participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided. The interview confirmed the review of the zero-tolerance policy. PREA education for volunteers and contractors is available onsite and is provided by the PREA Coordinator.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Receipt of training is documented and the interview confirmed the awareness of PREA training. The interview and documentation indicate the volunteer understands the PREA training received. The PREA training is provided prior to the person providing services within the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

Policy 13.8.1, PREA Regulatory Guidelines

Facility Policy, PREA Written Institutional Plan

Training Curricula

PREA Education Materials

Sign-in Sheets

Acknowledgement Statements

Brochures

Client Progress Narratives

Posted Information

Interviews:

Intake Staff

Residents

Targeted Interviewees

Provisions (a) and (b):

(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. (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.

Policy supports that all residents admitted receive PREA education and remain abreast of PREA information. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The staff responsible for PREA education to residents and the residents interviewed confirmed that PREA education sessions occur. Orientation is provided to residents during the intake process through the observation of a PowerPoint presentation which is also read to youth by staff. Within 10 days of intake, residents receive a comprehensive age-appropriate PREA education session that includes a thorough review of PREA such as related written/verbal activities and review of a pamphlet. The results of the staff and resident interviews and review of training materials indicate the information provided to the residents is age-appropriate.

The intake staff's interview revealed residents are educated regarding their rights to

be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. A PREA education sheet is reviewed with the youth initially and a pamphlet is provided which is also reviewed with the youth and there is the opportunity to ask questions. The review of the brochure, "What You Should Know About Sexual Abuse & Sexual Assault" includes but is not limited to definitions; safety tips; importance of reporting; and actions to take or not take to preserve physical evidence.

The comprehensive PREA education sessions which are provided within 10 days of admission include the review of PREA information and completion of activities that challenges the comprehension, understanding and retention of the information provided which include word find activities. The residents sign acknowledgement statements confirming their receipt of PREA information. The interviews and documentation showing dates, resident and staff initials, indicating residents' participation in PREA education sessions, confirmed the PREA education sessions occur.

The PREA related information is provided to staff in policies and procedures, training and staff meetings. The resident interviews revealed six of the eight residents interviewed were aware of the victim advocacy services available to them, through identified staff on the campus or in the community, if they were the victim of sexual abuse. In addition to posted information, each resident is provided a brochure from the Rape Counselors of East Alabama, Inc. regarding advocacy services.

Provision (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.

Based on the evidence shown in provisions (a) and (b) and staff interviews, all residents received PREA education as indicated in the PREA Pre-Audit Questionnaire.

Provision (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.

The facility has the capability, through the campus, to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The provision of accommodations and supportive services for residents in the aforementioned areas may be provided through education and mental health services on campus. The agency has a contract with the Auburn University for interpreter services.

Posted PREA information is in English and Spanish (other languages if needed) and accessible to residents, staff, volunteers, and visitors. The posted information is at standard eyelevel and the messages are consistent; and colorful to generate interest and attention. Staff interviews confirmed residents are not used as translators or readers for other residents. Two targeted interviews were conducted and both residents expressed having staff available to help them understand any information needed.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements and education activities were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The intake staff's interview revealed she ensures PREA education is provided to residents which their interviews also confirmed.

Provision (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.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each resident to assist in eliminating incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The handbook and other printed materials provide PREA information to residents, staff and parents/guardians. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; sexual abuse reporting hotline; or complete a grievance form. Posters were observed placed throughout the facility, as required. The posters are easy to read, contain pictures and are colorful; they attract attention and are easy to read.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Agency Policy 13.8.1, PREA Regulatory Guidelines

Facility PREA Written Institutional Plan

Training Certificates

Acknowledgement Statement

Interview:

Investigative Staff

Provision (a) & (b):

(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. (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.

Administrative investigations are conducted by the campus-based investigative staff. The reports are provided to the Department of Human Resources when there are allegations of sexual abuse. Law enforcement will be contacted by DHR or the facility when the allegation is criminal in nature. PREA training is required in addition to the specialized training regarding conducting administrative investigations. The interview with the investigative staff and review of documents confirm administrative investigations are conducted by a trained investigator located on the Lee County Youth Development Center (LCYDC) campus. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Training certificates are maintained to document training completed by the campus-based investigator. Allegations of sexual abuse that are criminal in nature are referred to law enforcement. All allegations of sexual abuse are reported to the Department of Human Resources who may also conduct an investigation.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse

	<p>in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>The facility ensures training for the campus-based investigator who conducts administrative investigations at the facility which was confirmed by interviews. PREA training is provided on the LCYDC campus. Local law enforcement and DHR are responsible for training their investigators who conduct sexual abuse investigations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Training Curricula</p> <p>Training Certificates</p> <p>Sign-In Sheets</p> <p>Acknowledgement Statements</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>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.</p>

The facility requires medical and mental health staff members to receive the regular PREA training as well as the specialized training. Certificate training regarding sexual abuse is provided through the Department of Human Resources (DHR). The interviews, sign-in sheets, and electronic training records document regular PREA training and special training. The medical staff completes medical intake paperwork; coordinates medical services for the residents; and provide health education. Physician and other medical services are provided by a resident's own physician, community clinic, or the hospital emergency room. The mental health staff has also received the DHR child abuse related training and additional certificate training regarding victimization. There was no contract medical staff providing services in the facility during the onsite audit phase.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted by facility staff.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The interview and training certificates document medical and mental health staffs' receipt of the regular and specialized training. The regular PREA training is provided onsite and specialized training is provided electronically. Regular and refresher PREA trainings are also provided through sessions incorporated in staff meetings and shift briefings.

Provision (d):

Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.

Medical and mental health staff are campus employees and have completed the general training that is provided for all employees as indicated by training documentation such as curricula, sign-in sheets and the interviews. The standard PREA training is provided to all employees, including medical and mental health staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy 13.8.1, PREA Regulatory Guidelines

Facility Policy, Written Institutional Plan

Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization

Clinical Service Forms

Clinical Services Consent to Treatment Forms

Interviews:

Staff Responsible for Risk Screening/PREA Coordinator

Residents

Provision (a):

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

Policies and forms collectively provide for each resident to be screened for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident. The interviews and practice indicate the risk assessment is generally completed within 72 hours of admission. The risk assessments were completed by clinical staff on campus rather than staff in the Voyages Program. The 72-hour time period could not be guaranteed. The Superintendent now completes the screening instrument to ensure completion within 72 hours or sooner. A review of the instrument and interview revealed that youth are asked questions and elaboration may be needed regarding some of the questions. The youth is interviewed to obtain information about personal history and behavior. The court packet for the youth is also reviewed to gather pertinent information.

The primary PREA intake screening instrument, Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization, is used to document such assessment. Screening instruments and interview with the Superintendent/Risk Screener confirmed the information obtained includes but is not limited to:

Prior sexual victimization or abusiveness;

Resident's own perception of vulnerability;

Current charges and offense history;

Self-identification of resident;

Intellectual or developmental disabilities;

Physical disabilities;

Mental illness or mental disabilities

Information regarding relationships with other youth

Confirmation of size and stature

Confirmation of Age

The risk screener interview supports reassessments are conducted whenever new information is received; the lengths of stay are 42 and 90 days. It is reported and documentation supports that the number of youths admitted to the facility within the past 12 months who were screened for risk of sexual victimization and the risk of sexually abusing other residents prior to the onsite audit phase is 56. The risk assessments are accessible to the treatment team. The resident files were observed to be maintained in a confidential manner within locked cabinets. Electronic data is password protected with limited staff access.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding his/her own safety. The instrument is tabulated based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness. Additional assessment tools are used in the facility and campus-wide by medical and other clinical staff in measuring various risks.

Provision (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 residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included within the instrument. The interview protocols used with the Superintendent/Risk Screener confirmed awareness of the elements of the risk screening instrument and the use of the instrument was explained. The resident interviews also confirmed the administration of the screening instrument and the general inquiries made. The interviews revealed the practice is that the instrument is generally administered the first day of admission or during the intake process. The administration of the assessment instrument is conducted in private in an office according to the interviews.

Provision (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 information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth after establishing a rapport; review of any commitment/court paperwork; communication with the youth's worker where applicable; and other assessments conducted prior to or upon the youth's arrival to the facility. Additional information may be obtained from interviews with parents/guardians where indicated. The facility is usually aware of the youth's pending arrival to the facility and staff has the opportunity to review and consider information in an effort to prepare for the needs prior to arrival. Assessments and screenings are completed after the youth is admitted to the facility to obtain supportive information for treatment planning and keeping the youth safe.

Provision (e):

	<p>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.</p> <p>Staff takes appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner. The online information on computers is password protected and is only accessible to identified staff. The treatment staff has access to the sensitive information and policy guides the confidentiality of information. Pertinent information is provided to other staff based on the need to know. Staff training includes information regarding confidentiality of information concerning residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, Written Institutional Plan</p> <p>Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization</p> <p>Clinical Service Forms</p> <p>Clinical Services Consent to Treatment Forms</p> <p>Interviews:</p> <p>Superintendent/Staff Responsible for Risk Screening</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Provision (a):</p> <p>The agency shall use 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.

Policy provides guidance to staff regarding the use of the information obtained from the screening instrument. The interviews indicate the screening and assessment information and observations are used to inform staff of information based on the need to know, housing and program assignments, and assist in identifying treatment and any special needs. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provision (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.

Protective custody is not used regarding a potential or victim of sexual abuse. The facility does not use isolation as determined through the interviews and observations made during the comprehensive site review. The interviews supported the practice of isolation is not used in this facility. The staff interviews indicated that protective measures will be taken immediately when needed and includes separating residents; maintaining line of site of resident; notifying other staff, including supervisors and administrators; closer supervision; and documenting the situation. There were not any residents identified as at risk of sexual victimization placed in isolation in the 12 months preceding the audit. The facility has policy regarding isolation if no other arrangements may be made, just in case such a situation may exist.

Provision (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.

Lesbian, gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status, in accordance with the policy, observations, and informal conversations with random staff. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed or identified to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by policies, interviews and practice.

Provision (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 residents' health and safety, and whether the placement would present management or security problems.

Policy and practice support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews and observations. The interview with the Case manager supports that staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staffs' awareness and the importance of their efforts in keeping transgender and intersex youth safe.

Provision (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 provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview with the Case Manager confirmed awareness of Policy. There were no transgender or intersex residents identified in the facility during this audit.

Provision (f):

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

The resident's concern for their own safety is taken into account through the administration of the risk vulnerability screening instruments, treatment team meetings and individual sessions and informal interactions with Therapists, Case Managers and other staff. The interviews with staff and review of documentation were aligned with the Policy. The interviews did not reveal or identify any issues in this area.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender or intersex residents are given the opportunity to shower separately from other residents which is supported by interviews and Policy. No problems or issues were identified.

Provision (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.

Agency Policy provides that a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided if such occurs however the practice is that isolation is not used in this facility. No residents determined at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. The interviews and observations during the site review confirm that isolation is not used in this facility

Provision (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.

Isolation is not used in this facility. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.351	Resident reporting
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 472 376">Documents:</p> <p data-bbox="280 412 986 448">Agency Policy 13.8.1, PREA Rules and Regulations</p> <p data-bbox="280 483 555 519">Resident Handbook</p> <p data-bbox="280 555 418 591">Pamphlet</p> <p data-bbox="280 627 549 663">Posted Information</p> <p data-bbox="280 698 459 734">Interviews:</p> <p data-bbox="280 770 475 806">Random Staff</p> <p data-bbox="280 842 418 878">Residents</p> <p data-bbox="280 913 497 949">Provision (a):</p> <p data-bbox="280 985 1410 1146">The agency shall provide 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 1182 1474 1594">Policies provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour abuse reporting hotline. Telephones are made accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of the telephone accessible for residents to report allegations of sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="280 1630 1474 1998">Policy, posters, brochures, flyers, and the resident handbook collectively provide telephone numbers and instructions for reporting allegations of sexual abuse and sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing the use of a Grievance Form or write a note; abuse reporting hotline regarding allegations of sexual abuse or sexual harassment. The residents interviewed identified someone who did not work at the facility that they could report to about sexual abuse or sexual harassment if they needed to.</p> <p data-bbox="280 2033 1433 2069">The random staff and resident interviews collectively revealed residents may use</p>

the telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing and hotline numbers are posted. Residents have access to writing materials and help request forms and locked boxes for receipt of the forms or notes. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with policy. The Grievances are collected by the campus-based advocate.

PREA information is posted and each resident is provided a handbook which contains reporting information. Residents sign an acknowledgement statement confirming receipt of PREA information. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

The agency shall also provide 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.

The abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The interviews revealed familiarity with policies and posted and other printed information on how to report allegations of sexual abuse and sexual harassment. Telephones are accessible to all staff and are made accessible to residents by staff. The reports of sexual abuse or sexual harassment are accepted and referred for an investigation. The facility does not detain residents solely for civil immigration purposes according to written communication.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

Staff interviews confirmed methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. Interviewed staff members are aware of their duty to receive and document the receipt of verbal reports and that the documentation must be done as soon as possible.

Provision (d):

	<p>The facility shall provide residents with access to tools necessary to make a written report.</p> <p>Observations during the site review and interviews revealed writing materials are available for residents to complete Grievance Forms, notes and other forms. Each resident is provided a handbook which contains information regarding reporting allegations and the residents are confirmed of the reporting methods during PREA education sessions. The interviews, review of documents and facility practices revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.</p> <p>Provision (e):</p> <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The staff interviews collectively revealed staff can privately report allegations of sexual abuse and sexual harassment through use of the abuse reporting hotline, write a note, contact the campus-based investigator, or go directly to supervisor.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document:</p> <p>Facility Policy, Written PREA Institutional Plan</p> <p>Interview:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>Policy provides that an administrative process is used in dealing with grievances. Details are contained in the policy that outlines the residents' grievance process; any third-party assistance to the resident; and appealing the initial decision in response to the grievance. Grievance Forms are available to residents and a locked box is posted for depositing grievances and notes. During this audit period, there</p>

were no grievances submitted alleging sexual abuse or sexual harassment.

Provision (b):

(1) The agency shall 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.

Policy provides that there is no time limit for filing a grievance regarding allegations of sexual abuse and identifies the timelines contained in the grievance process. Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Provision (c):

The agency shall ensure 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.

The policy provides that residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. Additionally, such grievance is not referred to a staff member who is the subject of the complaint.

Provision (d):

(1) The agency shall 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. (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 timelines of this standard provision are replicated in the policy as all provisions of the Standard.

Provision (e):

(1) 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.

Policy supports third-party assistance to a resident in filing grievances related to allegations of sexual abuse and may also file grievances on behalf of the resident. Documents reviewed indicate that attorneys are permitted to visit residents, providing the opportunity to assist with or file complaints alleging sexual abuse, if needed or requested by the resident. The residents stated during interviews they had contact with someone who did not work at the facility to report allegations of abuse and such person could make a report on their behalf.

Provision (f):

(1) The agency shall establish 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.

Policy provides for emergency grievances to be responded to within 48 hours. If a grievance alleging sexual abuse is received, it is reported by staff to the appropriate investigative entity. The review of the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be implemented within 48 hours.

Provision (g):

	<p>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.</p> <p>Policy provides for dealing with residents for filing an emergency grievance in bad faith. The facility may discipline a resident for filing a grievance in bad chance.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Agency Policy 13.8.1, PREA Rules and Regulations</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Letter of Agreement, Rape Counselors of East Alabama, Inc.</p> <p>Interviews:</p> <p>Superintendent</p> <p>Residents</p> <p>Provision (a):</p> <p>The facility shall 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, 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.</p> <p>Contact information for advocacy services and a discussion about advocacy services is a part of the PREA education sessions. Six of the total of eight residents in the facility were aware of victim advocacy services regarding the campus-based advocate or the community resource. One of the two said she wasn't sure of the information but knew who to go to and where to look for the information if she</p>

needed it. Information is also provided through graphic posters in various parts of the facility. Residents may use a telephone to contact the advocacy agency, Rape Counselors of East Alabama for services. An agency representative confirmed the services to be provided. Toll free hotline numbers and addresses to resources for assistance are accessible to residents through signage, flyers and brochures. The flyer also contains a toll free number for the National Sexual Assault hotline and the website for the organization. There have been no allegations of sexual abuse and sexual harassment during this audit period. No youth are held in this facility for civil immigration purposes only.

The advocacy agency works in conjunction with the local hospital and Lee County Sexual Assault Response Team. The telephone interview with the advocacy agency representative confirmed the inclusion of accompaniment, emotional support, education, and referral services. Information and brochures regarding advocacy services are provided to the residents during the intake process and is posted. A campus-wide victim advocate is also available to all residents. She has the background and experience to provide but not limited to victim-centered care, address safety concerns, knowledgeable of the juvenile and criminal justice systems; and coordinate follow-up services. The campus-based advocate also has a training certificate in Sexual Victimization/PREA Training.

Provision (b):

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

There are postings posted at varying eye levels around the facility and other printed material is available to residents. confidentiality is addressed. Guidelines are provided to staff regarding the handling of confidential information. The printed materials from the advocacy agency addresses no costs, confidentiality and that anonymity. Residents are informed of the ways to report and how their allegations will be reported.

Provision (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.

A letter of agreement exists between the facility and Rape Counselors of East Alabama for the provision of advocacy services, including but not limited to emotional support and accompaniment through the forensic medical examination and investigative interviews. The materials provided by the agency and the interview with the representative confirmed the available advocacy services.

Provision (d):

	<p>The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>Policy and the interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The comprehensive site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for telephone calls. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Agency Policy 13.8.1, PREA Rules and Regulations</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Posted Reporting Information</p> <p>Agencies' Websites</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent/PREA Coordinator</p> <p>Provision (a):</p> <p>The agency shall establish a method 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>Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment may be done and indicated the</p>

information will be accepted and reported. Staff members are to document all verbal reports received and the interviews confirmed this premise. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline; directly to the campus-based investigator, supervisor or Superintendent/PREA Coordinator; or write a note and provide to Superintendent/PREA Coordinator. The Auditor tested the hotline regarding making a third-party report which was received and the operator treated the inquiry the same as if the report was made regarding the caller. The websites of the Lee County Youth Development Center and the Alabama Department of Youth Services contain the information needed for third-parties to specifically report allegations of sexual abuse and sexual harassment.

Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. Reporting information is also contained in the resident handbook, PREA education sessions, and staff training. All residents interviewed indicated knowing someone who did not work at the facility that they have contact with and could report allegations of sexual abuse and sexual harassment to. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. No third-party reports were received during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provisions (a) and (b):</p> <p>(a): The agency shall require all staff to report immediately and according to agency</p>

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

Policy addresses the provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. The State Statute, Mandatory Reporting, identifies all individuals that must report even the suspicion of child abuse. The campus-based trained investigator conducts administrative investigations and allegations that are criminal in nature are investigated by the Lee County Sheriff's Office. The campus-based investigator is through the State's child welfare agency. Staff interviews were aligned with the requirements of the policy and standard. Information reported to staff is reported to the appropriate authorities.

Provision (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 supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Provision (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.

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. Informal and formal interviews with random staff and formal interviews with clinical staff revealed they are mandated reporters. Informed consent will be documented for a resident 18 years old and over regarding reporting

allegations of sexual abuse that did not occur in an institutional setting.

Provision (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 provides that reports of allegations of sexual abuse will be immediately to their supervisor. The allegation is subsequently reported to the Superintendent/designee and the appropriate investigative entity. Where there is documentation saying the parents/guardians should not be notified, the case worker at the appropriate child welfare agency will be notified as verified by the Superintendent. This information was also verified through policy review.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Policy provides for all allegations to be reported to supervisors and subsequently to the Superintendent/designee and appropriate investigative entity/entities. Third-party and anonymous reports received must also be reported and documented immediately by staff, confirmed by policy and staff interviews.

Conclusion:

The interviews revealed awareness of the requirements regarding the reporting duties; the facility is compliant with this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 13.8.1, PREA Regulatory Guidelines PREA Written Institutional Plan

	<p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>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 requires staff to protect the residents through implementing protective measures. Administration of the vulnerability screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. The interviews revealed protective measures include but are not limited to separation; keeping resident in line of sight; closer supervision; and alerting Superintendent/PREA Coordinator and other staff. The interviews indicated the expectation is that any action to protect a resident will be taken immediately.</p> <p>There was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked how they feel about their safety as part of the inquiries by staff completing paperwork. A review of a sample of screening instruments supports the information provided by residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Interviews:</p> <p>Superintendent</p>

	<p>Agency Head Designee</p> <p>Provisions (a)-(d):</p> <p>(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. (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c): The agency shall document that it has provided such notification. (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 provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent/designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. Notification will be made as soon as possible but no longer than 72 hours after receiving the information. The Superintendent/designee must document the notification. It is the responsibility of the receiving agency to ensure an investigation is completed. The policy and interviews support allegations of sexual abuse or sexual harassment from a resident regarding their stay in another facility will be reported and investigated as required. In the past 12 months, there were no allegations reported of sexual abuse or sexual harassment occurring at another facility.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Provision (a):</p>

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.

The interviews and staff training information support the training areas provided in this standard. There were no allegations or incidents where staff had to act as a first responder in the last 12 months. Policy, training, and interviews collectively provide that upon learning of an allegation that a resident was sexually abused the general staff response will basically include but not be limited to the following:

a. Separate the victim and alleged abuser.

b. Preserve and protect the scene until appropriate steps can be taken to collect any evidence.

c. Request that the alleged victim not take any actions that could destroy physical evidence.

d. Take actions to ensure the alleged abuser does not take any actions that could destroy physical evidence.

e. Ensure the safety of the victim.

f. Make the required notifications.

Provision (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.

The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no allegations or incidents where any staff member had to act as a first responder. There were no allegations of sexual abuse or sexual harassment in the last 12 months.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Coordinated Response Plan/Process for Investigating Sexual Assault Allegation</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Provision (a):</p> <p>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 written Coordinated Response Plan/Process for Investigating Sexual Assault Allegation is to be implemented in the event of an allegation or incident of sexual abuse. The document outlines the actions of the identified staff members and its format identifies each step and roles such as the first responder; supervisors; medical; mental health; and management staff and point of contact for such. The Plan and policies provide guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview:</p> <p>Agency Head Designee</p> <p>Provisions (a) and (b):</p> <p>(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 agreements that limits the agency’s ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. (b): Nothing is this standard shall restrict the entering into on renewal of agreements that govern: (1) The conduct of the disciplinary process, at 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>The facility is not involved in any collective bargaining agreements.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Facility Policy, PREA Written Institutional Plan</p> <p>Interviews:</p> <p>Superintendent/Retaliation Monitor</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>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</p>

retaliation.

Policy supports protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Superintendent is responsible for conducting and ensuring retaliation monitoring. The retaliation monitoring activities will be documented. The Superintendent is familiar with the role of retaliation monitor and its purpose. There have not been allegations of sexual abuse or sexual harassment during this audit period.

Provision (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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

General protective measures were generally identified during the interviews with random staff and the Superintendent and aligned with policies. Implementation measures to protect residents from retaliation include but are not limited to bed changes; removing staff or resident from program; closer monitoring; and change in shift assignments aligned with policies. The retaliation monitoring will be documented and follow-up checks with the parties involved will ensure safe feelings and identify whether retaliation is occurring. The interview confirmed the measures to detect and protect staff and residents from retaliation by others.

Provision (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 provides that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period may last longer, based on need. Items that will be monitored to assess retaliation and include but not limited to program and housing changes; monitoring within behavior management system; emotional support; and observed staff and resident and resident and resident interactions.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

Status checks will occur as a part of retaliation monitoring. The interview revealed

that initial contact will be made, follow-up checks will occur and be documented. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provision (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.

Policy application is extended to those who cooperate with an investigation if there is a concern regarding retaliation. Aligned with policy, the appropriate measures will be taken to protect any related individuals against retaliation.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

It is understood that the obligation to monitor for retaliation terminates if it is determined that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>The 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.</p>

	<p>The overarching PREA policy for the Alabama Department of Youth Services which guides the facility staff on measures to be taken to protect residents and does not include segregated housing for alleged victims. Segregated housing is not used in the facility to protect residents who alleged to have suffered sexual abuse; verified by the interviews. No segregated area was observed or identified during the comprehensive site review. There have been no allegations of sexual abuse or sexual harassment during this audit period. Additionally, no resident has been identified as at risk to be sexually abused during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</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>Documents:</p> <p>Policy and Procedures 13.8.1, PREA Rules and Regulations</p> <p>Written Institutional Plan</p> <p>Training Certificates</p> <p>Interviews:</p> <p>Superintendent/PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Investigative Staff</p> <p>Provision (a):</p> <p>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>The administrative investigations are conducted by the investigative staff for the agency, Lee County Youth Development Center. Based on policy, training documentation, and interviews, a trained investigator conducts administrative investigations as prescribed by policy. Allegations that are criminal in nature are referred to local law enforcement and allegations are reported to the Department of Human Resources (DHR). Based on the interview, investigations will be conducted thoroughly and objectively and the agency policy provides for the training of</p>

investigators. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provisions (b) and (c):

(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. (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.

The investigative staff member is trained through the facility onsite and online. The investigator may conduct administrative investigations and refer allegations that are criminal in nature to law enforcement; allegations are also reported to DHR. The investigator may gather and preserve direct and circumstantial evidence such as but not limited to any DNA, logs, statements, and clothing. Evidence is handled with gloves and may be placed in hazard bags. Among the other activities, the investigator may review video footage and gather witness statements.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The interview with the investigative staff confirmed the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment.

Provision (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.

The law enforcement agency will conduct any compelled interviews.

Provision (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.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and nothing is discounted. Credibility is not determined by the person's status as a resident or staff. No resident who alleges sexual abuse will be subjected to a

polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation, confirmed by the interview.

Provisions (g) and (h):

(g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse. (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.

(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 and interviews ensure allegations of sexual abuse and sexual harassment are investigated by the campus-based investigator, DHR and/or law enforcement. A responsibility of the investigative staff is to determine whether staff actions or failures to act contributed to the sexual abuse. The investigative staff applies the investigative techniques in making the determination. The investigative entities utilize a uniform protocol regarding PREA investigations. All investigations will be completed with written reports that include a description of the evidence and investigative facts and findings. A written report may contain details regarding the investigation including but not limited to the initial call or allegation; list of interviews; any law enforcement reports; and review of any video footage, aligned with policy and training.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

It is the responsibility of law enforcement personnel to refer cases for prosecution.

Provision (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.

The written investigative reports will be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years as stated in policy.

Provision (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.

The interview with the investigative staff confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The

	<p>departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.</p> <p>Provision (l):</p> <p>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>The investigative agencies are aware of the PREA standards requirements through the initial sharing of PREA information and subsequent interactions.</p> <p>Provision (m):</p> <p>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> <p>The policy and interviews indicate that staff cooperate with investigators and that the campus-based investigator is kept informed of the progress of an investigation. The Superintendent maintains contact with the campus-based investigator who also maintains contact with DHR and/or law enforcement investigators.</p> <p>Conclusion:</p> <p>The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 13.8.1, PREA Rules and Regulations</p> <p>Written Institutional Plan</p> <p>Training Certificates</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Provision:</p> <p>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>The facility staff does not conduct administrative or criminal investigations. The investigative staff with the Department of Human Resources and located on the LCYDC campus as a part of the agency, conducts the administrative investigations and allegations that are criminal in nature are investigated by law enforcement. The investigator conducting administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated as revealed in the interview.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence and interview, the Auditor determined the facility is compliant with this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 13.8.1, PREA Rules and Regulations</p> <p>Written Institutional Plan</p> <p>Juvenile Notification of Investigative Outcome Form</p> <p>Interviews:</p> <p>Superintendent</p> <p>Investigative Staff</p> <p>Provision (a):</p> <p>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>Policy addresses the resident being informed when a sexual abuse investigation is completed and the outcome of the investigation provided in writing. The results of such investigations will be documented on the form, Juvenile Notification of Investigative Outcomes. The notification to the resident is done by the campus-based investigator or designee. The interviews revealed awareness of the requirement. There have been no allegations of sexual abuse or sexual harassment during this audit period.</p> <p>Provision (b):</p>

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 investigations conducted by law enforcement are documented with a report of findings. The investigator remains abreast of an investigation conducted by law enforcement and will be provided a copy of completed investigations. The results of the investigation will be provided to the resident by the investigative staff or designee.

Provision (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 requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer posted within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The staff member has been convicted on a charge related to sexual abuse in the facility.

The Juvenile Notification of Investigative Outcomes Form provides for the documentation of this meeting and the information shared with the resident.

Provision (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 the facility.

	<p>Policy and the form provides that following a resident’s allegation of being sexually abused by another resident the alleged victim shall be informed whenever:</p> <p>a. The alleged abuser is criminally charged related to the sexual abuse.</p> <p>b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.</p> <p>Provision (e):</p> <p>All such notifications or attempted notifications shall be documented.</p> <p>Policy provides for the notification to the resident be documented and be made by the investigative staff or designee. The interviews revealed a familiarity with the requirement regarding notification to the resident of the results of an investigation.</p> <p>Provision (f):</p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>The agency’s obligation to report under this standard terminates if the resident is released from the agency’s custody. All notifications or attempted notifications will be documented. There have not been any allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Rules and Regulations</p> <p>Interview:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for</p>

violating agency sexual abuse or sexual harassment policies.

The policy and interview support that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse with a resident. There have been no reports or evidence of staff engaging in sexual abuse.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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.

Any staff with findings other than actually engaging in sexual abuse will be subject to termination, and other measures appropriate to the circumstance of the incident and the other components of the provision and remedial in-service if permitted to return to work. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.

Provision (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.

Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies, where applicable.

Conclusion:

Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>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.</p> <p>Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. The interview with the contractor confirmed a clear understanding that sexual misconduct with a resident is prohibited. Any volunteer or contractor who violates the agency’s sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegations of sexual abuse or sexual harassment. The volunteer provides social services and the contractor provides medical services.</p> <p>Provision (b):</p> <p>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.</p> <p>The policy and interview with the Superintendent confirm the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. In the past 12 months, no contractor or volunteer were reported for allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document:

Policy 13.8.1, PREA Regulatory Guidelines

Interviews:

Superintendent

Mental Health Staff

Medical Staff

Provision (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.

Residents found in violation of facility rules are subject to sanctions pursuant to a formal process. The consequences will be administered through the administrative system, encompassing the behavior management system. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities and may result in charges being filed and the resident being removed from the facility. Sexual activity between residents is prohibited. An administrative process holds residents accountable for their actions. If a resident remains in the facility, she may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse.

Provision (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. 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.

Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents. The interview with the Superintendent and review of policy support there is consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entity, the campus-based investigator and/or law enforcement. Isolation is not be used as a disciplinary sanction in this

facility.

Provision (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.

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. The interviews with the Superintendent and mental health staff were aligned with this provision.

Provision (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.

The interview with the mental health staff revealed it will be considered whether to offer the offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education as determined from the interview. Staff members within the area of mental health are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents. A psychiatrist provides services to the residents through a campus contract.

Provision (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 provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (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.

Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good faith based on the belief that the alleged incident occurred will not constitute falsely reporting an incident or lying,

	<p>even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Provision (g):</p> <p>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.</p> <p>Policy prohibits sexual conduct between residents. All such conduct is subject to disciplinary action as a rule violation. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.</p> <p>Conclusion:</p> <p>Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provisions (a) and (b):</p> <p>(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. (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.</p> <p>Policy and practice provide that a resident be referred to mental health or medical</p>

staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed that the issues are identified and addressed. The practice is residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process and follow-up is provided immediately.

Provision (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 supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical staff and to other staff, based on their need to know, to make effective management decisions. Files are maintained in locked file cabinets behind lockable doors. Information maintained electronically is password protected with limited access.

Provision (d):

Medical and mental health practitioners shall 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.

The medical and mental health staff are aware of informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Policy 13.8.1, PREA Regulatory Guidelines

Interviews:

Medical Staff

Mental Health Staff

Provision (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.

The interviews and policy support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with the policy including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services and meet with those practitioners and are provided services during the intake process and throughout their stay in the facility.

An alleged victim will get services within the facility as well as timely services in the community. An alleged victim will be transported to the local hospital for a forensic medical examination that will be conducted by a Sexual Assault Nurse Examiner (SANE). The examination will be performed at no cost to the victim, in accordance with policy and interviews, in response to an allegation of sexual abuse. Medical and mental health staff members will maintain secondary materials and documentation of encounters with residents as stated in policy. In addition to the mental health services Provided on campus, additional mental health services are provided by a contract psychiatrist. Records are kept in locked cabinets in lockable areas. Electronic records are password protected with limited and identified access.

Provision (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 interviews with medical and mental health staff revealed residents have access to unimpeded access to emergency services. Policy provides guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and the campus investigator and the Lee County Sheriff's Office. A review of policy; observations of the interactions among residents and staff during the onsite audit phase; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Staff training also prepare staff members to properly report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities.

Provision (c):

	<p>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.</p> <p>Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis and emergency contraception, where medically appropriate. If needed after an incident, follow-up services may be provided by the facility's medical and mental health staff members to provide support services coordinated by staff as needed and services not available within the facility will be contracted. The standard of care within the facility ensures the appropriate medical and mental health follow-up as needed to include medication management; health education; and therapy services.</p> <p>Provision (d):</p> <p>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.</p> <p>The interviews and policy provide medical services will be provided without financial cost to the victim. Mental health treatment services will also be provided at no cost to the victim. Medical and mental health services will be provided regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident.</p> <p>Conclusion:</p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Policy 13.8.1, PREA Regulatory Guidelines</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p>

Provision (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 and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews revealed that follow-up services will be provided that include but are not limited to therapy services and medical assessments and treatment, and referral services as needed. Health education sessions will also be conducted with the residents regarding any medication prescribed. There have not been any allegations of sexual abuse during this audit period.

Provision (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.

Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, clinical follow-up and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract and referral services. Additionally, directions contained in the discharge summary from the hospital will be followed.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Review of policies, interviews and observations during the site review indicated medical and mental health services are, at minimum, consistent with the community level of care. Treatment services may be provided by campus staff and contract services. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

This is a facility for female juvenile offenders. The pregnancy test will be conducted at the hospital emergency room as a part of the examination process.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access

to all lawful pregnancy-related medical service.

If an incident of sexual abuse results in a pregnancy, the victim will be provided timely access to all lawful pregnancy-related medical service in accordance with the interviews and agency policy.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The interviews and policy ensure victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. There have been no allegations of sexual abuse during this audit period.

Provision (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.

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to policy and interviews.

Provision (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.

The mental health staff confirmed the resident will get a mental health evaluation immediately upon knowing of resident-on-resident upon learning of such abuse history and offer appropriate treatment. A mental health evaluation will be conducted within seven days when there is known resident-on-resident abusive behavior in the resident's history. Policy does provide for the mental health evaluation to be conducted within 60 days of learning of such history. Medical and mental health evaluations and treatment will be offered to resident victims of sexual abuse.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Agency Policy 13.8.1, PREA Regulatory Guidelines

Facility Written Institutional Plan

Sexual Abuse Critical Incident Review Form

Interviews:

Superintendent/PREA Coordinator/Incident Review Team Member

PREA Compliance Manager

Provision (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.

The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of the policies and interviews confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with policy. The interviews confirm this premise and the PREA Coordinator will serve as the facilitator of the PREA incident review teams.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Policy requires the review to occur within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews will occur within the stated time period. The interviews revealed knowledge of the purpose of the incident review process. There were no allegations of sexual abuse during this audit period.

Provision (c):

The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy and interviews collectively identify members of the incident review team to include upper-level management, with input from line supervisors, investigators, and mental health and medical practitioners. The PREA Coordinator facilitates the incident review team meeting. No incident review team meeting was required to be conducted during this audit period due to no allegations of sexual abuse.

Provision (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 and interviews collectively identify the areas to be assessed by the incident review team. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is documented and is facilitated by the PREA Coordinator. The meeting minutes for an incident review team meeting will be recorded by the PREA Coordinator and the written report will also include any recommendations for improvement. Based on statewide practice and a review of the Critical Incident Review Form, the minutes from an incident review team meeting will be documented and consideration will be given in accordance with this provisions of the Standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Policy indicates the reasons for not following recommendations are documented. The interviews revealed familiarity with policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A format for documenting the incident review process has been developed and is outlined utilizing the dedicated form and provides for any recommendations by the team.

Conclusion:

Based upon the review of policy and other documentation and interviews, the Auditor has determined the facility is compliant with this standard.

115.387	Data collection
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 472 376">Documents:</p> <p data-bbox="280 412 986 448">Agency Policy 13.8.1, PREA Rules and Regulations</p> <p data-bbox="280 483 625 519">Facility Institutional Plan</p> <p data-bbox="280 555 459 591">Interviews:</p> <p data-bbox="280 627 609 663">Agency Head Designee</p> <p data-bbox="280 698 529 734">PREA Coordinator</p> <p data-bbox="280 770 635 806">Provisions (a) and (c):</p> <p data-bbox="280 842 1481 1048">(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. (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.</p> <p data-bbox="280 1084 1481 1451">Policy provides for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. The Alabama Department of Youth Services (DYS) collects the data and completes an annual report with the compilation of data gleaned from the facilities through the central reporting system. Agency policy contains a standardized set of definitions and provides support for the collection of accurate and uniform data. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization.</p> <p data-bbox="280 1487 497 1523">Provision (b):</p> <p data-bbox="280 1559 1461 1594">The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 1630 1452 1836">The agency, Lee County Youth Development Center, will aggregate the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report for DYS which is supported by the review of policy. There were no allegations of sexual abuse or sexual harassment during the audit period.</p> <p data-bbox="280 1872 497 1908">Provision (d):</p> <p data-bbox="280 1944 1445 2060">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.</p>

Data is collected and various data are identified and related documents regarding significant incidents. There was no PREA related data collected during this audit period due to no allegations of sexual abuse or sexual harassment. Policy requires that statistical information is maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. DYS collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the DYS overarching annual report, incorporating State-run and contract facilities..

Provision (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.

The facility does not contract with other facilities for the confinement of any youth brought to the facility. A contract exists with the Alabama Department of Youth Services (DYS) for the provision of juvenile residential services. The agency, DYS, collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the annual report. The data is collected from the contract facilities and is included in the agency’s annual reports. The data is aggregated at the DYS central office level. The area of risk management affiliated with the Lee County Youth Development Center also reviews data annually, according to the interview with the agency head designee.

Provision (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.

Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization. The data was requested and provided for December 2022.

Conclusion:

Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Agency Policy 13.8.1, PREA Rules and Regulations

Facility Institutional Plan

Annual Reports

Interviews:

PREA Compliance Manager

PREA Coordinator

Agency Head Designee

Provision (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 this agency as a whole.

The interviews and policy support the review of data and its use to improve the both agency's PREA efforts. The interviews and review of documentation revealed the collection of various types of data, including PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as individual facilities, state-run and contract. The data is also primary to preparing annual reports. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provisions (b)-(d):

(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. (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. (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The annual report is prepared by the Alabama Department of Youth services' PREA Coordinator for the agency and includes data from all state-run and contract facilities within the agency. The annual reports are approved by the agency head/designee as indicated by signature. There are no personal identifiers in the report. The annual report contains PREA related data that represents previous calendar years allowing for the comparison of data. The overarching annual report for the agency is posted on the agency's website, accessible to the public. PREA data from all identified facilities is summarized in the DYS annual report.

Conclusion:

	Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 13.8.1, PREA Rules and Regulations</p> <p>Facility Institutional Plan</p> <p>Annual Reports</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Provisions (a)-(d):</p> <p>(a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. (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. (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (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>The data collected is securely stored and maintained for at least 10 years after the date of collection. The DYS policy identifies but does not limit data to incident reports, investigative reports, juvenile information, and case dispositions. Personal identifiers are removed from aggregated data before making the data publicly available. The annual report is available to the public through the DYS agency website. A review of the annual report verified there are no personal identifiers. All facility and agency records are securely stored behind in locked cabinets behind locked doors with key control; electronic records are password protected with limited and identified access.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Pre-Audit Questionnaire was completed in the online audit system and additional information was emailed to the Auditor prior to completing the PAQ and during the post site visit audit phase. The Lee County Youth Development Center (LCYDC) and the Alabama Department of Youth Services continue to require PREA audits for this facility on the campus of the LYDC. The comprehensive site review was led by the Superintendent of the facility, who also serves in the role of PREA Coordinator.</p> <p>The Superintendent/PREA Coordinator was cooperative in providing information and participating in or assisting in coordinating the interviews. All interviews were conducted in private. The PREA audit notices were posted in areas identified to the Auditor during the Pre-onsite audit phase and they provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or staff or any other interested party.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The prior PREA audit for the facility has been posted on the State of Alabama's website, the agency the facility contracts with for the provision of residential services. The posted PREA report does not contain any personal identifying information other than selected names and job titles. The facility policies and additional documentation, practices and staff interviews were reviewed regarding compliance with the standards and have been identified in the past and current reports.</p> <p>The current audit findings were based on the triangulation of the data sources: review of policies, procedures, and supporting documentation; observations; and interviews with residents, staff and a community resource agency representative. The facility has achieved audit compliance through the demonstrated record of sustained compliance during the one-year period preceding this audit. This report does not contain any personal identifying information other than names and job titles of the staff requested in the completion of the report. There were no conflicts of interest regarding the completion of this audit.</p>

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.)	no
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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.)	no
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.)	na
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 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))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	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?)	na
	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?)	na
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.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	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?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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.)	na
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	na

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

	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