

PREA Facility Audit Report: Final

Name of Facility: Mt. Meigs Campus

Facility Type: Juvenile

Date Interim Report Submitted: 09/01/2025

Date Final Report Submitted: 09/01/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: James J. Hill

Date of Signature: 09/01/2025

AUDITOR INFORMATION

Auditor name: Hill, James

Email: jayh.assessor@gmail.com

Start Date of On-Site Audit: 04/01/2025

End Date of On-Site Audit: 04/03/2025

FACILITY INFORMATION

Facility name: Mt. Meigs Campus

Facility physical address: 1000 Industrial School Road, Montgomery, Alabama - 36117

Facility mailing address: 1000 Industrial School Road, Mt. Meigs, Alabama - 36057

Primary Contact

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

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

Facility PREA Compliance Manager	
Name:	Emdward Holloway
Email Address:	Emdward.holloway@dys.alabama.gov
Telephone Number:	334-215-6022

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

Facility Characteristics	
Designed facility capacity:	173
Current population of facility:	141
Average daily population for the past 12 months:	125
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-21
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	169
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	36
Number of volunteers who have contact with residents, currently authorized to enter the facility:	100

AGENCY INFORMATION	
Name of agency:	Alabama Department of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	1000 Industrial School Road , Montgomery , Alabama - 36117
Mailing Address:	PO Box 66 Montgomery, Mt. Meigs, Alabama - 36057
Telephone number:	3342153800

Agency Chief Executive Officer Information:	
Name:	Steven P. Lafreniere

Email Address:	Steven.P.Lafreniere@dys.alabama.gov
Telephone Number:	334.215.3800

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-01
2. End date of the onsite portion of the audit:	2025-04-03

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:	Child Protect Advocacy, Montgomery, AL

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	173
15. Average daily population for the past 12 months:	125
16. Number of inmate/resident/detainee housing units:	14
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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	146
25. 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
26. 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
27. 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
28. 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
29. 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:	1
30. 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:	2

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. 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:	1
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	169
37. 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:	100

38. 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:	36
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Resident rosters that included housing, length of stay, and demographics
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. 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	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<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>Review of the provided roster log, random staff interviews, and conversations with therapists/educators.</p>
<p>50. 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>Review of the provided roster log, random staff interviews, and conversations with therapists/educators.</p>
<p>51. 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>1</p>

52. 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:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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).	Review of the provided roster log, random staff interviews, and conversations with therapists/educators.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. 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:	3

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	This was corroborated by residents, staff, therapists, and facility administration.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender and race.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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
68. 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:	2
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 checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS 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 CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Translator was interviewed.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. 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?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
78. 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.	

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

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

80. 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	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

0

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were five (5) additional sexual misconduct investigative files that were submitted and reviewed. The outcomes were two (2) unfounded, two (2) unsubstantiated, one (1) substantiated.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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

103. 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

108. 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

Identify the name of the third-party auditing entity

Corrections Consulting Services

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 reviewed:</p> <ol style="list-style-type: none"> Agency Organizational Chart Facility Organization Chart <p>Interviews:</p> <ol style="list-style-type: none"> PREA Coordinator PREA Compliance Manager <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedure 13.8.1, last revised on 8/19/2022, establishes a zero tolerance for incidents of Juvenile Sexual Abuse and Assault, Rape or Sexual Harassment. This is applicable to all DYS or contract service provider facilities.</p> <p>As a whole, the DYS PREA Regulatory Guidelines were established to outline how the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p>

	<p>Within the PREA Regulatory Guidelines, definitions of prohibited behaviors regarding sexual abuse and sexual harassment are included.</p> <p>PREA Regulatory Guidelines prohibits sexual activity between staff and juveniles, volunteers/contract personnel and juveniles, and juvenile-to-juvenile are prohibited. These prohibitions includes whether the activity was considered consensual between the involved parties. All employees, volunteers and independent contractors are expected to have a clear understanding of this prohibition. Violations of these expectations are considered a serious breach of the standards of conduct and these relationships are not tolerated. Employees, contractors, and volunteers are warned that engaging in the described behavior may result in employment termination and/or termination of services.</p> <p>Comprehensively, the PREA Regulatory Guidelines include a description of DYS strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>DYS has designated an upper-level, agency-wide PREA Coordinator, who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The Mt. Meigs Campus has designated a PREA Compliance Manager, with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Document summary: The DYS PREA Coordinator position is located on the agency organization chart, last signed by the Executive Director on 3/21/2025.</p> <p>The Mt. Meigs PREA Compliance Manager position is located on the facility organization chart, last signed by the Campus Administrator on 3/21/2025.</p> <p>Interview summaries: While being interviewed, the PREA Coordinator voiced having enough time to manage all PREA related responsibilities. The PREA Coordinator stated there are designated PREA Compliance Managers for all three (3) DYS operated facilities. Due to close proximity, the PREA Coordinator acknowledged interacting with the Mt. Meigs campus frequently. The PREA Coordinator reported each PREA Compliance Manager has the ability to make contact when needed; however, checkups are conducted on at least a bi-weekly basis.</p> <p>The PREA Compliance Manager voiced having enough time to manage all PREA-related responsibilities, though acknowledging having to be efficient in prioritizing responsibilities.</p>
--	--

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Contracts for the confinement of residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator/Agency Contract Administrator <p>Document summary:</p> <p>In the PAQ, DYS reported entering into nine (9) contracts for juvenile confinement since the last PREA audit. These contracts were reviewed, during which it was observed all contractors were required to adopt and comply with PREA standards.</p> <p>Contracts for juvenile confinement requires DYS to monitor the contractor's compliance with PREA standards.</p> <p>Interview summary:</p> <p>The PREA Coordinator monitors the contracted juvenile facilities for PREA compliance. In an effort to assure compliance, the PREA Coordinator visits the contracted facilities, offers guidance and shares necessary updates with each facility. The PREA Coordinator reported PREA compliance results were completed if the facility was due within the audit cycle. Contracted facilities that are scheduled/pending a PREA audit are also monitored. Once a contracted facility completes a PREA audit, the report is forwarded, and then uploaded to the DYS website. It was observed that since 2022, nine (9) completed PREA audits for the contracted facilities were uploaded to the DYS website.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Mt. Meigs campus staffing pattern (3/28/2025) 2. 2024 Mt. Meigs campus population report 3. 2025 Mt. Meigs campus population report 4. 2024 - 2025 Supervisory monitoring logs (unannounced rounds) 5. Mt. Meigs campus staffing plan (3/17/2025) 6. 2024 - 2025 Security count affidavits 7. April 2025 staff schedule 8. Mt. Meigs campus staffing plan (June 2022; received during corrective action period) 9. Mt. Meigs campus staffing plan (March 2023; received during corrective action period)

Interviews:

1. Campus Administrator
2. PREA Compliance Manager
3. Intermediate/higher-level staff responsible for conducting unannounced rounds

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

XVIII. Supervision and Monitoring (§115.313)

A. Annually, every DYS and contract service provider facility shall assess, determine, and document a staffing plan that provides adequate levels of staffing, and where feasible, provides video monitoring to protect Juveniles against Sexual Abuse. Staff/Juvenile ratios of a minimum 1:8 during Juvenile waking hours and 1:12 during Juvenile sleeping hours shall be maintained, except during limited and exigent circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Male and Female staff ratios must be correctly maintained with at least one staff on every shift of the same sex as the Juveniles housed in the unit.

B. Each Facility shall implement a practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and the Facility administrator must ensure that all shifts and work days are visited by supervisors two or more times a month.

C. Documentation of the inspections shall be maintained using PREA Form 115.313 Supervisory Monitoring Log. Facilities shall have procedures to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate operational functions of the Facility.

D. All communication devices and video monitoring equipment shall be maintained in good working order. Radios and land line telephones shall be fully accessible to staff in each living unit. (§115.318)

XIX. Annual Vulnerability Assessment (§115.313)

A. DYS and contract service provider agency PREA Coordinators shall organize and schedule a Vulnerability Assessment at each facility site annually using PREA Form 115.313.1 Secure Facility Vulnerability Assessment.

B. The Vulnerability Assessment shall identify physical plant blind spots, staffing, and operational issues that need to be addressed to ensure a safe and secure environment.

C. Assessment of DYS facilities shall be submitted to the facility PREA Compliance Manager, Deputy Director of Programs and Client Services, and to the Facility administrator. Contract Service providers shall submit the Facility Vulnerability Assessment to their facility administrator and PREA Compliance Manager.

D. The Facility administrator shall prioritize issues to be addressed.

Document summary:

DYS reported that each facility it operates 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. Since the last PREA audit, the average daily number of residents was reported as 131. DYS reported the staffing plan was predicated on this population.

The facility submitted a staffing plan, dated and signed by the campus administrator on 3/17/2025. While reviewing the staffing plan, it was observed that all aspects of standard 115.313(a) were taken into consideration. The submitted staffing pattern, dated 3/28/2025, illustrated how all personnel, including security staff, were assigned throughout the campus. Within the PAQ, DYS responded there were no documented deviations from the staffing plan in the previous 12 months preceding the audit.

DYS reported that staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours are maintained. The submitted staffing plan was observed to consider adequate levels of staffing, video monitoring, protection of residents from sexual abuse and sexual harassment, gender responsive practices, and sufficient in maintaining the safety and security of all individuals in the facility.

According to the PAQ, at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan while ensuring compliance with the staffing plan. To support this response, the aforementioned staffing plan and staffing pattern were reviewed. Additionally, the facility submitted the 2024-2025 security count affidavits and April 2025 staff schedule. These documents illustrated where supervisory staff are placed to assure ratio requirements are met, including verification from roaming security staff.

The facility requires that intermediate level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are documented using the "Supervisory Monitoring Log." 28 samples of unannounced rounds were reviewed. It was observed these unannounced rounds are conducted on all shifts. DYS reported staff are prohibited from alerting other staff of the completion of such rounds.

Interview summaries:

The Campus Administrator reported the facility regularly develops a staffing plan. This staffing plan is not only considered to meet ratio requirements, but also if additional on campus programming is being provided. The Campus Administrator seeks to exceed the ratio requirements, even during non-functioning hours. It is noted staffing needs may fluctuate, depending on the population. The staffing plan is considered an ongoing process. Changes/adjustments to the staffing plan are made when necessary. Other considerations include video monitoring review and concerns/issues brought forth by the supervisors/managers during security pass downs. The staffing plan is signed/approved by the Campus Administrator then filed

in print and electronic format.

The staffing plan assesses adequate staffing levels and the need for video monitoring. The Campus Administrator reported the staffing plan coincides with American Correctional Association and PREA guidelines. There were no previous judicial findings of inadequacy, external investigative agencies, or oversight bodies to knowledge. However, the campus, through DYS efforts, has incorporated Performance Based Standards guidelines to assist in assuring best practices are being utilized. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated) are considered in the staffing plan. When potential "blind spots" are identified, coordinated efforts are initiated to correct the issue. The Campus Administrator reported there is an overtime budget that considers any increases in resident population affecting supervisory staff need and placement. As previously mentioned, facility staffing is adjusted to accommodate any programming that may occur during a particular shift. The staffing plan considers all applicable state or local laws, regulations, or standards. Staff positioning is considered and adjusted, when necessary, if it is discovered a lack of supervisory presence may have contributed to an incident where sexual safety was compromised.

When checking for compliance with the staffing plan, the Campus Administrator frequently checks the supervisor/manager pass downs and Administrator-on-duty (AOD) texts. Schedule reviews and shift briefings are reviewed. Staffing patterns are reviewed and shifts rearrangements/rotations occur as needed. Meetings that discuss staffing needs are frequent, especially when new staff are hired and developed.

The Campus Administrator reported the facility strives to always meet staffing plan requirements. The facility utilizes overtime list calls if there is potential for a staffing issue. If there is a negative staffing pattern identified, it is addressed immediately. Staff are aware they can be reassigned based on the needs of the facility. As previously indicated, the Campus Administrator aggressively seeks to exceed staff-to-resident ratios. If there was an issue where the staff ratio expectation could not be met, it would be documented for record.

According to the Campus Administrator, the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios. The ratio requirements are in accordance with DYS policies, which mirror PREA standards.

The PREA Coordinator confirmed being consulted regarding any assessments or adjustments to the staffing plan. The staffing plan was reported as occurring annually.

The PREA Compliance Manager reported the campus goal is to exceed the ratio requirements. If applicable, any findings of inadequacy would affect the staffing plan. Staff assignments depend on the size of the unit (including capacity). Risk factors within the resident population, including treatment/clinical needs are also considered during staff assignments. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated) are

reviewed. The PREA Compliance Manager contributes to the recommendations of cameras and mirrors in certain areas. The number and placement of supervisory staff are considered when program planning for a particular shift. It was added the staff planning for these programs occur early as possible. Any applicable state or local laws, regulations, or standards are considered in the staffing plan and assignments. Staff assignment adapts in the event an incident occurred where sexual safety was compromised.

While interviewing an intermediate/higher-level staff, it was reported that random and unannounced walk-through rounds are conducted throughout the facility. Unannounced rounds are conducted daily, with the expectation to not be predictable. These rounds are documented using an unannounced round log, which is maintained in the Administrative Office Bldg. Staff are prohibited from alerting others that the rounds are being conducted and are subject to discipline for doing so.

Site review:

While conducting the site review, several facility staff (security and non-security), contractors, and volunteers were observed. Compliant staffing patterns were observed during every functioning shift. Security staff were providing resident supervision during non-functioning shifts (overnight). The security staff is composed of Youth Service Associates, uniformed security officers (also DYS employees), and supervisory/managerial personnel. It was observed that the facility focuses on assuring required staff-to-resident ratios are met. Each housing unit observed met the staff-resident ratio, including some instances where the requirement exceeded expectations, during which three (3) to four (4) staff may have been present during functioning hours. These observations were made during functioning and non-functioning hours, which also included the Isolation Unit.

Each housing unit has a team lead, who is also included in the supervision ratio. This team lead has the ability to assist with supervision efforts through direct interactions and camera surveillance.

The majority of the housing units have single occupancy cells, during which staff are responsible for the resident's ability to enter and exit. While confined to a cell, status checks were observed to be conducted in accordance with facility/agency expectations. In housing units where the residents are not confined to a single cell, staffing levels were observed to exceed the ratio requirement, in an effort to minimize sexual safety concerns. While being observed, staff were seen providing adequate supervision either through status checks or resident interaction.

To aid monitoring efforts, cameras were seen located throughout the campus and housing units. Team leads and assigned staff are able to monitor video footage within the unit. Security personnel and facility administrators have the ability to view live camera feeds also.

While monitoring education, there was one (1) observation of concern, which was brought forward to agency and facility leadership. During functioning hours and academic programming, youth attend an on-campus school. It was observed that

	<p>teachers, who are DYS employees, but not certified as security staff, are responsible for supervision in the classroom. The supervisory status was confirmed by teachers interviewed and DYS employees. Students are observed to travel least restrictively in campus hallways, vocational learning settings, and outside areas near the campus. Due to youth being able to travel independently with approval and/or indirect supervision, this allows classroom supervision ratios to fluctuate, at times not meeting the 1:8 ratio. Although numerous security-certified staff were seen supervising resident activity through personal interaction, completing classroom/building rounds, conducting camera surveillance, which include class changes, students were observed having the ability to steer clear of supervision. This allows potential for a vulnerable resident to be exploited by an aggressive resident, due to the educational setting being primarily led by teachers who lack supervisory training. To aid this assessment, DYS self-reported an incident where residents followed through with a planned sexual encounter. One (1) of the potential reasons provided was a sudden increase in resident population, during which supervisory adjustments had not been made. Though this act was planned and not an incident of sexual abuse, it was acknowledged that educational supervision practices should be reviewed. Both students were interviewed during the audit, during which both conveyed sexual abuse was not present. It was observed that students who may have been placed in a housing unit during educational hours were properly supervised within staff-resident ratio.</p> <p>Informal conversations with staff regarding supervision practices concurred that ratios are frequently met and that supervisory rounds are conducted. Informal conversations with residents regarding staffing presence were positive, during which there was a general consensus of feeling safe and supported by facility staff.</p> <p>Corrective Action Period:</p> <p>During the first post-interim report meeting, it was conveyed that staffing plans were completed in June 2022 and March 2023. However, due to unforeseen circumstances, a staffing plan review did not occur in 2024. In conjunction with the submitted staffing plan review from March 2025, plans from 2022 and 2023 were submitted for review (5/23/2025). While reviewing, it was observed all required components of §115.313(a) were considered when these staffing plans were developed and approved by agency/campus administration. Being able to review these plans, this auditor was able to determine the facility/agency has instituted a practice of annually developing, implementing, and documenting a staffing plan in accordance with §115.313(a). Additionally, given that a review of the staffing plan was completed in 2025, the facility demonstrated efforts in compliance with §115.313(d).</p>
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents reviewed:

1. Training presentation snippet, discussing the requirement for cross-gender announcements.
2. Blank incident form to be used if a cross-gender search is conducted.

Interviews:

1. Staff responsible for conducting resident searches
2. Random resident interviews
3. Random staff interviews

Policy review (Alabama DYS PREA Regulatory Guidelines):

P&P 13.8.1, VII, "Limits to Criss-Gender Viewing and Searches"

A. Facilities shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances or when performed by medical practitioners.

B. Facilities shall not conduct cross-gender pat-down searches except in exigent circumstances.

C. Facilities shall document exigent circumstances and justify all cross-gender strip searches cross-gender visual body cavity searches, and cross-gender pat-down searches on PREA Form 115.315 "Cross Gender Searches."

D. Juveniles shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. If facilities (such as group homes) staff of the opposite gender are required to announce their presence when entering an area where juveniles are likely to be showering; performing bodily functions, or changing clothing.

E. Staff of the opposite gender to the juveniles are required to announce their presence when entering a juvenile living unit. Since staff at all DYS and contract service providers are male and female gender, DYS procedures require three cross gender announcements per day (one on each shift) be made to alert juveniles that another gender staff could be on the living unit at any time. Shift supervisors are responsible for making entries into the log book on each living unit that the cross-gender announcements have been made at the beginning of first and second shift and upon being awakened on third shift. A suggested announcement is "female on the hall in a male facility; and male on the hall in a female facility."

F. Facilities shall not search or physically examine a Transgender or Intersex Juvenile for the sole purpose of determining the Juvenile's genital status. If the Juvenile's genital status is unknown, it may be determined during conversations with the Juvenile, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

G. Facility training shall include a discussion on how to conduct cross-gender pat-down searches, and searches of Transgender and Intersex Juveniles, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, in the event of Exigent Circumstances.

Document summary:

DYS responded in the PAQ that cross-gender strip or cross-gender visual body cavity searches of residents are not conducted. There were no such searches reported in the 12 months preceding the audit.

DYS responded in the PAQ that cross-gender pat-searches of residents are not conducted. There were no such searches reported in the 12 months preceding the audit.

Snippets of a training presentation were provided for review, reiterating that cross-gender announcements must be made if a female staff is assigned or enters the dorm. If a female staff is assigned to the dorm, the unit supervisor is responsible for documenting the announcement at the beginning of each functioning shift, as well as the end of the non-functioning shift.

In the event a cross-gender search is completed, DYS has a form titled "cross gender searches" that must be documented and maintained for record. This form was provided for audit review.

The PAQ reported 100% percent of all security staff received training on conducting cross gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Interview summaries:

A security officer was interviewed, during which it was conveyed that female staff are not allowed to conduct strip searches at all, minus exigent circumstances. The staff, who has been employed with DYS for over 10 years reported having no knowledge of incidents where a cross-gender strip search was conducted. When asked to give an example of what urgent circumstances would require cross-gender strip searches and visual body cavity searches, the staff responded an immediate concern that a youth was in possession of a weapon, and there were no male staff available. However, it was noted this would be unlikely. In the event a cross-gender search occurred, this incident would be documented and relayed to the chain of command.

During random interviews of residents, all denied ever being pat-searched by a female staff. Female staff were consistently described as announcing their presence when entering the housing areas or initiating a supervisory round. Residents denied being naked in full view of female staff, excluding medical staff.

All random staff interviewed voiced being restricted from conducting cross-gender pat-down searches, absent exigent circumstances. Female staff were described as being required to announce their presence when entering a housing unit. Residents were reported as having the ability to dress, shower, and use the toilet without being viewed by female staff. Additionally, it was conveyed that only male staff perform duties such as coordinating and monitoring shower activities. The random staff interviewed confirmed being prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff reported this is constantly discussed in training and that the resident's gender status would most likely be confirmed before admission or

through the infirmary. Male staff, who are primarily responsible for conducting searches are aware that searches are to be respectful and professional in nature. The female staff interviewed were able to describe the policy and training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. For example, female staff conveyed being taught to assure a staff witness is present, using the dorsum of their hand to conduct a search, and limit any conversation when conducting a search.

A Transgender/Intersex Juvenile was not identified by the facility for interview.

Site Review:

Areas such as housing units, confinement cells, medical areas, and shower areas were observed. Each area allowed residents to perform bodily functions or be in a state of undress without being in view of the opposite sex. The facility contains housing units where there are single showers, located behind a closed, windowless, door. In other units, where multiple showers may be present, there are privacy barriers in place to prevent cross-gender viewing of sensitive areas. Confinement cells contain toilets, that are angled out of the window view, and can only be seen when rounds are conducted.

Camera surveillance feeds typically block the ability to peer inside a cell. The feeds have the ability to “black out” certain areas, preventing any cross-gender viewing while a resident is performing bodily functions, whether inside a cell or community bathroom. Cameras were schematically not placed in community bathroom areas. Outside the bathroom areas and cells, residents have the expectation to be completely dressed when in a general setting.

Informal conversations with staff regarding cross-gender viewing, including those responsible for monitoring camera feeds, it was concurred there was an inability for cross-gender viewing to take place.

Informal conversations with facility residents did not convey any concerns of being viewed in a state of undress by opposite-gender staff.

During the site review, female staff were observed announcing their presence upon entering, including times when an opposite gender staff was already in the housing unit. The announcements were escalated to be heard throughout the living quarters. Due to the announcements being properly made upon entry, residents were allowed to adjust their appearance, if necessary. In many instances, male and female staff would be assigned together in a housing unit. This allowed the male staff to conduct showers and cell checks, which aided efforts in assuring residents with disabilities are given ample time to adjust their appearances. When having informal conversations with residents and staff in housing units, it was consistently conveyed that cross-gender announcements were made upon entry.

	proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Contract between DYS and Translator/Interpreter services, signed in Sept. 2023 2. PREA Education Material in Braile (also discussed in §115.333) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Resident LEP 1 (through translator) 3. Resident CFD 1 4. Random Staff Interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>III Juvenile PREA Orientation (§115.333)</p> <p>D. Facilities shall provide Juvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Juveniles who have limited reading skills.</p> <ol style="list-style-type: none"> 1. Each Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS 's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with Juveniles with disabilities, including Juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. 2. Facilities shall not rely on resident interpreters, resident readers, or other types of Juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Juvenile's safety, the performance of first-responder duties, or the investigation of the Juvenile's allegations. (§115.316) <p>Document summary:</p> <p>The contract uploaded supports the agency/facility commitment to allow residents the opportunity to benefit from education and services, not having to rely on peer assistance. PREA Education material was also observed in Braile, to assist residents who may be vision impaired (located in §115.333).</p> <p>Interview summaries:</p> <p>The Executive Director reported the facility can accommodate residents with disabilities or considered to be limited English proficient. Examples of accommodations were posted signs in Spanish, staff availability to assist those with reading or intellectual disabilities, contracted translators, individualized education</p>

	<p>plans, and American Disabilities Act accommodations.</p> <p>Resident LEP 1 reported the facility provided the information about sexual abuse and sexual harassment in a method he could understand. In group sessions, Resident LEP 1 is assisted by his therapist. The translator is present Monday – Friday, during programming hours. This is the second translator provided to LEP 1 since arriving at the facility. Resident LEP 1 stated he was unfamiliar with the reporting method but felt safe overall. The translator was identified as the only individual who provides Resident LEP 1 with any assistance.</p> <p>Resident CFD 1 reported his therapists assisted him with this information upon arriving to the facility, allowing him to understand. After providing the information, the therapist also wrote the information down to assist with memory. Resident CFD 1 also identified a teacher to assist him read, write, verbally communicate, and report an incident, though also noting his assigned therapist as another option. There was no reported reliance on other residents to provide assistance.</p> <p>During the random staff interviews, all reported that residents are not used, or even allowed, to provide assistance to those with a disability, limited English, or specialized need. All reported that a staff member or contractor would be utilized. Many mentioned the contracted translator that is onsite as well as the grievances and posters that are in Spanish.</p> <p>Site Review:</p> <p>While conducting a random resident interview, this auditor observed a language barrier (Spanish primary language) was present. As a result, the interview was rescheduled until the next day, noting there was already an interpreter contracted through the agency/facility. This interpreter is assigned to the youth during school hours. It was learned these services can be provided for all youth, as soon as it is discovered the services are needed. It was also noted that required hotline notices and grievances were available in the Spanish language to accommodate this individual.</p> <p>Informal conversations with staff confirmed knowledge of this resident having an interpreter during school hours, which aids communication and comprehension. Residents identified with other special needs are assisted through DYS or contracted staff.</p>
--	--

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Selected samples of completed Child Abuse/Neglect Registry checks 2. Selected samples employment appraisal questionnaire

3. Spreadsheet tracking status of employee training, background checks, and questionnaires
4. Copy of the form used to initiate background checks
5. One (1) email corroborating that agency investigators conducted a contractor background check

Interviews:

1. Human Resources (HR) Director
2. Agency Investigator (occurred during follow-up visit)

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

II. Hiring and Promotion

A. All facilities shall adhere to PREA §115.317 Hiring and Promotion Decisions. DYS or contract service providers shall not hire or promote anyone, or enlist the services of any contractor who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity. Incidents of sexual harassment, as defined by PREA, shall also be considered in all employment/promotional actions.

B. Before hiring new employees who may have direct contact with juveniles, facilities shall perform a criminal background records check; consult any child abuse registry maintained by the State; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation which occurred during a pending investigation of an allegation of sexual abuse.

C. Applications for employment with DYS, as well as all current employees, shall be required as a condition of employment or continued employment, to complete a request for a Child Abuse/Neglect Central Registry Clearance using Form DHR-FCS-1598 provided by the Alabama Department of Human Resources. Applicants or current DYS employee's failure to return the completed form to the facility PREA Compliance Monitor within two weeks of receiving the form shall be considered reasonable grounds for non-consideration of employment or disciplinary action for current employees.

D. Facilities shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have direct contact with juveniles. Facilities shall conduct criminal background records checks at least every four years on current employees and contractors who may have direct contact with juveniles. Facilities shall set up a spreadsheet sorted by driver's license expiration dates, and after the initial background check, run the background checks again the month after the driver's license expires. The following procedures shall be followed in DYS facilities in Alabama where Alabama law requires drivers licenses to be renewed every four years:

- (1) Run an initial background check on all the employees on a campus in the year of an initial PREA Audit.
- (2) Input all the information into an Excel Spreadsheet

- (3) Sort the spreadsheet by Driver's license Expiration Date.
- (4) Run the background checks again one month after the driver's license expiration date.
- In January – Run December expirations for that year
- In February – Run January expirations
- In March – Run February expirations
- In April – Run March expirations
- In May – Run April expirations
- In June – Run May expirations
- In July – Run June expirations
- In August – Run July expirations
- In September – Run August expirations
- In October – Run September expirations
- In November – Run October expirations
- In December – Run November expirations

This process shall ensure that employees have a current driver's license and meets PREA standards that requires a criminal background records check on employees every five years.

This spreadsheet shall be maintained by the facility PREA Compliance Manager and at the first of every month an email message would be sent by each DYS operated facility to the Central Office Human Resource Office requesting a background check for the individuals needing background checks for the month.

E. As part of any job interview process for initial or promotional employment, all applicants/employees/contractors that may have any direct contact with juveniles, shall be required to complete PREA Form 115.317 PREA Employment/Appraisal Questionnaire. All current employees shall be required to complete this questionnaire at their annual performance appraisal during the year following implementation of DYS Policy 13.8.1 and the PREA Regulatory Guidelines. Contract employees that may have direct contact with juveniles shall be required to complete the form at the time of their annual contract renewal. Failure to complete the questionnaire may constitute reasonable grounds for non-employment or disciplinary actions.

F. DYS PREA Regulatory Guidelines mandate that all employees have a continuing affirmative duty to report any sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Reporting shall be up the employee's chain of command or if allegation is against someone in the chain of command, report directly to Special Investigation Unit.

G. Facilities shall operate under a neutral reference policy and if inappropriate allegations are founded, the employee will receive a recommendation of no hire that may be shared with an institutional employer for whom such employee has applied to work.

Document summary:

Corroborating/supporting documentation is needed to confirm background checks

	<p>are consistently being conducted. Items such as emails or documentation that supports that a background check was completed would be sufficient.</p> <p>Interview summaries:</p> <p>The HR Director reported criminal background checks are conducted on new hires and employees are being promoted. Background checks are also conducted on contractors. At least every five (5) years, background checks are conducted on employees. The National Crime Information Center (NCIC) is used for background checks. DYS Investigators also assist in conducting the background checks. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, as well enlisting the services of contractors. However, it was noted that if a sexual harassment allegation was substantiated, the applicant would most likely not be hired. A check with the state child abuse registry is also conducted. All applicants and employees who may have contact with residents are asked about previous misconduct, using a questionnaire. All DYS employees have a continuing affirmative duty to disclose any previous misconduct. The HR Director stated it is common for other institutions to contact the agency regarding inquiries of substantiated sexual abuse or sexual harassment incidents involving former employees.</p> <p>Corrective Action Period:</p> <p>During the follow-up onsite visit, an agency investigator reviewed the process for completing background checks on employees, volunteers, and contractors. It was confirmed that agency investigators conduct criminal background checks through the NCIC. Each individual's name, race, DOB, and driver's license is utilized to conduct the criminal checks. Personal information is not maintained; however, after the background check is complete, written confirmation is provided by the agency investigator and approving administrator. Confirmation of these checks were observed to be kept in a documented logbook and stored. The auditor was able to confirm that checks were completed for employees, volunteers, and contractors. The agency investigator confirmed checks are completed when an individual is hired, promoted, and/or every five (5) years.</p> <p>The agency PC provided verification that background checks through respected child welfare agencies were completed for employees, volunteers, and contractors.</p> <p>PREA Employment/Appraisal Questionnaires were observed for all agency employees who were randomly selected.</p>
--	---

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <p>None</p>

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Campus Administrator <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XXIV Upgrades to Facilities and Technologies (*Also refer to policy discussion in §115.313)</p> <p>A. When designing or acquiring any new facility and in planning any expansion or modification of existing facilities, DYS and private provider service providers shall consider the effect of all these elements on the agency's ability to protect juveniles from sexual abuse.</p> <p>B. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, DYS and private contract providers shall consider how such technology may enhance the ability to protect juveniles from sexual abuse.</p> <p>Interview summaries:</p> <p>The Executive Director stated resident safety from all serious incidents is considered when planning structural or modifications, such as applying new construction to existing buildings. Rigorous consulting with architectural and facility maintenance staff occurs. Construction plans are reviewed, which considers design, renovation or update needs; potential blind spots, ability to provide supervision, and camera installation. There have been modifications such as switching from open bay dorms to single rooms and camera upgrades. New monitoring technology is installed and used to eliminate blind spots, which aids investigations and supplements supervision efforts and track youth movement.</p> <p>The Campus Administrator reported protection of the residents and staff are always considered when any expansions or modifications are made to the facility. The same considerations are made when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance. This has led to several building updates and camera modifications at the facility.</p>
--	---

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Contract between DYS and SAFE/SANE Provider, dated Sept. 2024 2. Agreement between Agency and Montgomery County Sheriff's Department, dated 5/8/2015 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager

2. Random Staff interviews
3. Child Protect Advocacy Program representative
4. Resident RSA

Policy review (Alabama DYS PREA Regulatory Guidelines):

I. Training and Education of Staff (§115.331, §115.332, §115.334, §115.335)

D. Victim Advocate/Qualified Agency Staff Member

1. Facilities shall screen youth service aides, child care workers, unit managers, and case managers to determine if they are appropriate to serve in the role as Victim Advocates.
2. Initial training for Victim Advocates will be provided through a Rape Crisis Center or other appropriate provider using similar curriculum that is used to train their victim advocates.
3. Training will be provided concerning sexual abuse and forensic examinations issues in general.
4. Facilities shall maintain documentation that Victim Advocates trained as qualified agency staff members have received the required training using PREA form 115.321 Victim Advocate Receipt of PREA.

XVI. Medical Responsibilities Following an Allegation of Sexual Abuse (§115.321)

A. Facilities shall offer medical and mental health evaluations as appropriate to all Juveniles who have been victimized by sexual abuse in any Juvenile Facility.

Treatment of alleged victims within 72 hours of an incident shall occur as following:

1. On-site nursing treatment for Sexual Abuse victims shall be limited to emergency measures only in order to stabilize the Juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken.
2. DYS/contract service provider facilities shall, when feasible contract with Rape Crisis Centers to provide forensic medical examinations for victims of sexual assault. Rape crisis centers traditionally follow "A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011 which is the PREA standard.
3. A forensic medical examination shall be requested by the assigned investigator/designee. This shall occur within 72 hours of a Sexual Assault. Victims of Sexual Abuse shall be referred under appropriate security provisions to a designated Rape crisis center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
4. Facilities shall offer all Juveniles who experience Sexual Abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFEs or SANEs.
5. Facilities shall attempt to make available to the victim, a Victim Advocate from the Rape Crisis Center. If a Rape Crisis Center is not available to provide Victim Advocate services, the Agency shall make available to provide these services through a qualified staff member from a community-based organization or a

Qualified Facility Staff Member that has received victim advocacy training. Such training shall be documented on PREA Form 115.321 Victim Advocate Receipt of PREA.

6. Qualified Facility Staff Members trained as Victim Advocates shall provide crisis intervention services to victim of Sexual Abuse and shall complete before providing services PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate.

(§115.382)

7. To the extent the Facility itself is not responsible for investigating allegations of sexual abuse;

the Facility shall request that the investigating agency follow the PREA standards.

8. Facility medical staff shall request the local Rape Crisis Center/hospital to take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical Facility and/or services is indicated. The services of the Rape Crisis Center/hospital shall include:

a. Collection of evidence from the victim, using a kit approved by the appropriate authority;

b. Giving the evidence collected by the Rape Crisis Center/hospital directly to local law enforcement;

c. Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and

d. Prophylactic treatment and follow-up for sexually transmitted diseases.

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

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

Document summary:

The contract between DYS and One Place Family Justice Center illustrated the residents can receive SAFE/SANE exams and have access to emotional support services from a trained victim advocate.

The memo between the facility and the Montgomery County Sheriff's Department, dated 5/8/2015, supports that criminal investigations will be conducted by the agency. SAFE/SANE exams and emotional support services will also be made available to victims when a criminal investigation is active.

Interview summaries:

According to the PREA Compliance Manager, a victim advocate is provided by the Rape Crisis Center. A victim advocate is also provided through an arrangement with Child Protect Advocacy Services. Before having access to facility residents, credentials of the advocacy program would be verified to assure trained advocates are being provided. It was noted the MOUs are reviewed at the DYS agency-level.

	<p>Outside emotional support/victim advocates are available to residents, though it was acknowledged most prefer to utilize the facility-assigned clinicians.</p> <p>During Random Staff interviews, many were able to provide various steps of obtaining usable physical evidence. The most common answers were preparing a documented report and escalating it to leadership, separating the alleged parties, preserving evidence, securing the area, and prevent any compromise of physical evidence. A few responses included notifying the infirmary. Regarding the investigations, many staff knew this was the responsibility of the Agency Investigators, as well as follow-up being conducted by the PREA Coordinator and PREA Compliance Manager.</p> <p>While interviewing the Child Protect Advocacy Program representative, it was noted that the SAFE/SANE services should occur at One Place Family Justice. Though ER services may be an option, One Place Family Justice is considered a more specialized place for these services. Child Protect Advocacy would accompany a resident to a SAFE/SANE exam, if requested. The Child Protect Advocacy representative cited familiarity with One Place Family Justice, mainly due to the SAFE/SANE exams that are provided.</p> <p>After making an allegation, Resident RSA reported being able to discuss the incident with his mother, therapist, and agency investigator. All services were provided through the agency. Resident RSA stated he received assistance in processing through the incident, discuss prevention efforts with his therapist. A supportive experience was described by Resident RSA, reporting still having contact with his therapist. Agency investigators were described as interested in obtaining the facts of the incident.</p>
--	---

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Agreement between Agency and Montgomery County Sheriff's Department, dated 5/8/2015 2. Investigation policy posted on DYS PREA website (https://dys.alabama.gov/prea) 3. Eight (8) administrative investigation reports (received during corrective action period) 4. Updated investigative policies (received during follow-up visit) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Administrative Investigator 1 3. Administrative investigator 2

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

XIII. Criminal and Administrative Investigations (§115.371)

DYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of sexual abuse and sexual harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website. The following shall occur:

1. When the Facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
2. All investigators assigned to conduct Sexual Abuse and Sexual Harassment allegations shall receive special training in sexual abuse investigations involving juvenile victims. Refer to Section I, B page 5 of these rules and procedures.
3. 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.
4. Facilities shall not terminate an investigation solely because the source of the allegation recants the allegation.
5. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Juvenile or Staff. No Facility shall require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
6. The investigator initiates the request for a forensic medical examination via telephone to the Memorandum of Understanding (MOU) designated Rape Crisis Center/hospital when evidence appears to support it.
7. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
8. 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.
9. The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution.

10. The investigator shall make the request for law enforcement to conduct a criminal investigation via a documented telephone contact.
11. Facilities shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus 5 years, unless the abuse was committed by a Juvenile and applicable law requires a shorter period of retention.
12. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
13. When outside agencies investigate sexual abuse, facilities shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the ongoing investigation.
14. At the conclusion of all PREA investigations, the investigator shall complete PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment and submit it to the facility PREA compliance monitor for processing with the Juvenile.
15. There shall be determined outcomes-substantiated, unsubstantiated, or unfounded for all PREA investigations.
16. Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated.

Document summary:

The PAQ stated there were eight (8) administrative investigations completed. A supporting memo from Agency Investigators, dated 3/12/2025, supported the PAQ statement. However, the investigative reports were not uploaded for auditor review. Per the Allegations Overview Form, dated 4/8/2025, there were three (3) reported allegations that were investigated, with an unsubstantiated finding. However, these were not forwarded for review. A determination for compliance with this standard could not be made.

The memo between the facility and the Montgomery County Sheriff's Department, dated 5/8/2015, supports that criminal investigations will be conducted by the agency. SAFE/SANE exams and emotional support services will also be made available to victims when a criminal investigation is active.

On the DYS PREA website, the following policy is present, "The Special Investigation Unit (SIU) is responsible for investigating all allegations of sexual abuse/assault/harassment following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."

Interview summaries:

The Executive Director reported administrative and/or criminal investigations for sexual abuse are required by agency policy. Administrative investigations are initiated after the report is received by the PREA Compliance Manager and/or PREA Coordinator. Once the allegation is received, Agency Investigators are notified, who normally begin immediate follow-up, typically within 24 hours. If a criminal investigation is warranted, DYS Investigators assure the responsible law enforcement, normally the Montgomery County Sheriff's Department, is notified.

	<p>Investigative outcomes are communicated to DYS.</p> <p>Both Administrative Investigators interviewed confirmed allegations of sexual abuse that involves potentially criminal behavior can be forwarded to law enforcement. Most of these investigations are handled by Montgomery County Sheriff's Department. It was reported there have been recent concerns over jurisdiction, during which Montgomery Police Department may be responsible for following up on investigations at the facility. In either case, a criminal matter will be addressed by one of these agencies.</p> <p>Corrective Action Period: Internet posted policies for ensuring referrals of allegations for investigations were reviewed. During the review, it was observed specific policies in accordance with §115.322(b) and §115.322(c) were not present. Though it was noted in interviews, and within a memo agreement with Montgomery County Sheriff's Department, information regarding criminal investigative policies were not posted on the agency's public website.</p> <p>On 6/24/2025, the facility assured that all eight (8) administrative investigation reports were submitted for review. Five (5) were categorized as 'youth sexual misconduct', two (2) were categorized as 'youth sexual abuse', and one (1) categorized as 'youth sexual harassment.' Investigative outcomes were either 'unfounded', 'unsubstantiated', or 'substantiated.' The investigations were conducted by agency investigators, as noted within the PREA Regulatory Guidelines.</p> <p>During the follow-up visit, updated policies regarding investigative responsibilities were provided, illustrating the upcoming updates to the agency website. The policies reflect the responsibility of agency investigators and criminal investigators where each facility is located.</p>
--	--

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Staff Training curriculum 2. Staff Training records, including signatures verifying comprehension of the received training. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <ol style="list-style-type: none"> I. Training and Education of Staff (§115.331, §115.332, §115.334, §115.335)

PREA training requirements during the first year of PREA enactment are as follows:

A. Professional Specialist/Child Care/Security Staff: This includes youth services specialists, counselor I's, youth service aides, child care workers, shift supervisors, case managers, social workers, psychologists, teachers, medical personnel (contract employees also), recreation specialists, and security. This specialized training will be offered in pre-service to all employees, and annually in mandatory training.

1. Sexual Abuse and Sexual Harassment training shall cover the following areas:

- a. DYS zero-tolerance policy 13.8.1 for sexual abuse and sexual harassment;
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c. Juvenile's right to be free from sexual abuse and sexual harassment;
- d. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- f. The common reactions of juvenile victims of sexual abuse and sexual harassment;
- g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles;
- h. How to avoid inappropriate relationships with juveniles;
- i. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles; and
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- k. Relevant laws regarding the applicable age of consent.

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

3. 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 the staff know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which staff does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

4. Facilities shall document, through employee signature that employees understand the training they have received. Documentation shall be maintained on PREA form §115.331 staff receipt of PREA Training.

Document summary:

The staff training curriculum was reviewed, which it was observed to be in compliance with standard. Employee training records from the most recent session was provided, containing signatures verifying comprehension of the training

	<p>received.</p> <p>Interview summaries:</p> <p>All of the staff interviewed reported being trained on all required topics in the employee training. This training was reported as being provided when they were first hired, and again on a yearly basis, if not more frequently.</p>
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Training presentation intended for volunteers and contractors 2. Contractor agreement, including signed verification and comprehension of completed training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Teacher 1 2. Contractor 1 3. Volunteer 1 4. Volunteer 2 <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>I. Training and Education of Staff (§115.331, §115.332, §115.334, §115.335)</p> <p>E. Volunteers and Contractors</p> <ol style="list-style-type: none"> 1. Facilities shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 2. Facilities shall provide training to volunteers and contractors based on the services they provide and level of contact they have with juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 3. Facilities shall maintain documentation confirming that volunteers and contractors understand the training they have received using PREA Form §115.332 Volunteer and Contractor Receipt of Training. <p>Document summary:</p> <p>The training presentation intended for volunteers and contractors was reviewed, observed as meeting the requirements for the standard. A contractor and volunteer agreement was also reviewed, which include signed verifications of training comprehension.</p> <p>Interview summaries:</p>

	<p>Although teachers are DYS employees, an interview was conducted to assess knowledge of PREA expectations. Teachers do not have the same certification as direct care staff. Teacher 1 reported being trained on responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The training consisted of maintaining healthy boundaries, reporting incidents/allegations to facility staff, and separating alleged victims and perpetrators. The training is reportedly received yearly and discussed frequently. The provided training makes it clear there is a zero-tolerance policy regarding sexual abuse and sexual harassment of residents, as well as the importance of reporting such allegations.</p> <p>Contractor 1 also confirmed receiving training on responsibilities regarding the prevention, detection, and response of sexual abuse and sexual harassment. The training occurred shortly after beginning service with DYS. The training discussed possible situations/scenarios, how to properly respond, maintain confidentiality, maintain boundaries, and importance of reporting. The provided training discusses the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, as well as the importance of reporting such allegations to leadership.</p> <p>Both volunteers that were interviewed reported receiving training on responsibilities regarding the prevention, detection, and response of sexual abuse and sexual harassment. It was reported by both volunteers that of receiving this training more than once. Reporting such incidents was heavily discussed. The zero-tolerance policy was discussed, during which volunteers were advised of potential consequences if found to violate the expectations.</p>
--	---

115.333 Resident education	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Student Handbook (English) 2. Mt. Meigs safety pamphlet (English and Spanish Versions) 3. Youth Orientation Presentation 4. PREA Education Presentation 5. Juvenile Receipt of Orientation 6. Education Materials in Braille 7. PREA posters (English and Spanish) 8. Updated Resident Handbook (received during Corrective Action Period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake staff 2. Random Resident Interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1</p>

III. Juvenile PREA Orientation (§115.333)

A. During the intake process, juveniles shall receive information explaining the DYS zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Juveniles shall be given at intake a copy of DYS Pamphlet 115.333 "What you should know about sexual abuse and sexual assault." This pamphlet is also available in Spanish (PREA pamphlet §115.333S) and in a version for lower functioning juveniles (PREA pamphlet §115.333LF). This pamphlet shall be read by staff to all juveniles in groups or individually.

B. Within 10 days of intake, the Facility shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. PREA education shall be accomplished using the following:

1. Student Handbook Orientation on sexual abuse and assault
2. PREA Form 115.333 Juvenile Receipt of PREA
3. PREA Pamphlet 115.333 What you should know about sexual abuse and assault
4. PREA Pamphlet 115.333.1 DYS Youth Safety Guide
5. Power Point Presentation 115.333 PREA Orientation for Juveniles
6. Power Point Presentation 115.333.1 PREA Facts every juvenile should know

C. Current juveniles in DYS and contract service provider facilities who have not received such education shall be educated within one year of the effective date (August 20, 2013) of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility and documented using PREA Form 115.331.1 Juvenile receipt of PREA

D. Facilities shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills.

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

E. Facilities shall maintain documentation of juvenile participation in these orientation sessions using PREA form 115.333 Juvenile receipt of PREA.

F. Each Facility shall be responsible for incorporating PREA information into their Juvenile Handbook.

G. In addition to providing such education, Facility PREA compliance monitors shall ensure that key information is continuously and readily available or visible to juveniles through posters, juvenile handbooks, or other written formats, including the following posters:

(§115.333)

1. Break the Silence
2. End the Silence
3. Expect Respect
4. Report Abuse It's Your Job
5. Sexual Assault Is an Act of Violence

Document summary:

The facility demonstrated multiple ways to ensure residents are educated about the rights and expectations regarding sexual safety. The sample of orientation paperwork supported that residents receive PREA-related education after facility arrival. The observed Resident Handbooks, pamphlets and posters allow youth to be constantly reminded of the required material. Resident Handbooks also include important phone numbers to report abuse through internal and external methods. It was noted that an emotional support phone number was not present in the handbook. Also, the updated phone number for outside entity reporting was not present in the handbook. Determination for compliance cannot be made for Resident Education, due to concerns the correct numbers are not present.

Interview summaries:

The Intake Staff reported that residents are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. A mock intake was conducted, during which the procedure and explanation were demonstrated. To ensure proper education of incoming residents, the Intake staff will ask questions to check for understanding, as well provide additional explanation. Each section of the intake is signed in succession, as opposed to altogether. To ensure residents are informed of their right to be free from sexual abuse and sexual harassment, as well as retaliation, the facility ensures posters are located throughout the facility and informs of the grievance process. Intakes are typically conducted on Tuesdays and Thursdays, during which education is provided the same day.

All fifteen (15) of the random resident interviews reported being notified of the facilities rules against sexual abuse and sexual harassment at intake/orientation. All of the residents reported they were told about their right to not be sexually abused or sexually harassed, how to report an allegation, and their right not to be punished for making an allegation.

Site Review:

The auditor requested to observe an actual intake process. However, intakes typically occur on Tuesdays and Thursdays of the week. The onsite audit was initiated on a Tuesday, which did not provide an opportunity to review an intake on

that day. There were no intakes processed on 4/3/2025. Due to being unable to observe a resident admission, an intake staff was asked to complete a mock intake for demonstration purposes. It was confirmed that the PREA education is provided by designated individuals within the facility. The necessary PREA information is provided to all residents, regardless of ability and language, including those with cognitive disabilities and language barriers (Spanish was identified as the more common alternative language spoken). The information is recorded and maintained through admissions documentation. Through contracts, the facility provides interpreters, when needed, to assist Deaf and LEP residents. Staff are aware and prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary. All staff interviewed stated assistance is only provided through DYS and contracted employees. Mental health staff or other skilled educators/staff are involved in providing the required information to residents with cognitive or functional disabilities.

The auditor observed posted signage throughout the campus. Signage included posted audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services. These notices were readable and accessible, consistent, and placed throughout the facility, allowing residents to be informed vital sexual safety information specific to the campus. The placement and accuracy of the information was compliant with PREA standards. Signage was placed in housing units and common areas throughout the facility, including in public spaces where visitors and individuals not employed by the facility can view. Signage was observed to be provided in English and Spanish, containing the appropriate text size and formatting. The physical placement was able to accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage was not obscured, and if necessary, were easily replaced by the facility staff. The information on the signage is accurate and consistent throughout the facility, including current addresses and phone numbers. In addition to being posted throughout the facility, PREA-related notices were also observed as being posted near telephones accessible to residents. Key PREA information was observed as continuously and readily available throughout the facility. During informal conversations with staff and residents, the signage/notices are considered mainstays throughout the facility.

Corrective Action Period:

During this period, updated Resident Handbooks were provided to the auditor for review. The phone numbers for reporting abuse to an external entity and external emotional support services were present. During the onsite visit on 8/8/2025, Resident Handbooks containing the updated phone numbers were present in each housing area, accessible to residents. Updated posters in English and Spanish were present throughout the campus, including housing areas, displaying the correct phone numbers, allowing internal and external options, for reporting sexual abuse, as well as seek outside emotional support services.

115.334	Specialized training: Investigations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 588 376">Documents reviewed:</p> <ol data-bbox="280 383 1070 461" style="list-style-type: none"> 1. Administrative Investigator 1 training records (2023) 2. Administrative Investigator 2 (training records (2023) <p data-bbox="280 499 437 533">Interviews:</p> <ol data-bbox="280 539 727 618" style="list-style-type: none"> 1. Administrative Investigator 1 2. Administrative Investigator 2 <p data-bbox="280 656 1094 689">Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <ol data-bbox="280 696 1347 775" style="list-style-type: none"> I. Training and Education of Staff (§115.331, §115.332, §115.334, §115.335) B. Special Investigators <ol data-bbox="280 781 1474 1440" style="list-style-type: none"> 1. In addition to the general training provided to all employees in Paragraph (A) above, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings. When investigations are conducted by outside law enforcement, the agency referring the investigation shall at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility. 2. Specialized training shall include: <ol data-bbox="280 1115 1386 1317" style="list-style-type: none"> a. Techniques for interviewing juvenile sexual abuse victims; b. Proper use of Miranda and Garrity warnings; c. Sexual abuse evidence collection in confinement settings; and d. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. 3. Facilities shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations using PREA Form §115.334 Special Investigator Receipt of PREA. <p data-bbox="280 1478 576 1512">Document summary:</p> <p data-bbox="280 1518 1445 1680">Training records, dated 2023, were reviewed for both Administrative Investigators. The training was through the National Institute of Corrections website, titled, “PREA: Investigating Sexual Abuse in a Confinement Setting.” The training was tailored to meet the needs of standard §115.334.</p> <p data-bbox="280 1718 587 1751">Interview summaries:</p> <p data-bbox="280 1758 1465 1960">Administrative Investigator 1 confirmed receiving specific training within two (2) weeks of employment, which is repeated annually. Investigator Training was provided online, through the National Institute of Corrections. A previous 3-day training course was described, where it covered different scenarios, interviews, and credibility assessments.</p> <p data-bbox="280 1998 1461 2116">Administrative Investigator 2 also reported receiving training a few years back. The Investigator Training was provided online through the NIC and was received when first hired. A previous 3-day training was described, where it covered the same</p>

	areas discussed by Administrative Investigator 1.
--	---

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Training records, including signed verification of comprehension, tailored for medical and mental health contractors. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Onsite Nurse 2. Mental Health Clinician (MHC) <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>I. Training and Education of Staff (§115.331, §115.332, §115.334, §115.335)</p> <p>C. Medical and Mental Health Staff</p> <ol style="list-style-type: none"> 1. Facilities shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: <ol style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 2. When medical staff employed by the facility conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. 3. Facilities shall maintain documentation that medical and mental health practitioners have received the required training using PREA form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training. 4. Medical and mental health care practitioners shall also receive the training mandated for employees in Paragraph (A) above. <p>Document summary:</p> <p>The most recent training records for medical and mental health contractors were reviewed. Both records were signed, verifying comprehension of the received training.</p> <p>Interview summaries:</p> <p>The Onsite Nurse and MHC reported forensic examinations are not conducted at the facility. If a forensic examination was necessary, this would be conducted at the contracted hospital. Both confirmed receiving PREA training in accordance with standard §115.335 when hired, completing it yearly. The training is conducted in person and online.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Juvenile risk screening records conducted at intake. 2. Reassessment records/documentation (provided during corrective action period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Mental Health Clinician (MHC) Screener 1 4. MHC Screener 2 (informal interview) 5. Random Resident interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>IV. Screening for Sexual Assault and/or Sexual Victimization (§115.341)</p> <p>A. All juveniles shall be screened within 72 hours of admission to a facility or transfer to another facility for risk of sexual abuse and sexual victimization or sexual abusiveness toward other juveniles utilizing PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments shall be made accordingly. A case manager shall conduct this interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile. At a minimum, facilities shall attempt to ascertain information about:</p> <ol style="list-style-type: none"> 1. Prior sexual victimization or abusiveness; 2. Any gender nonconforming appearance or mannerisms, or self-identification as lesbian, gay, bisexual, Transgender, or intersex, and whether the juvenile 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 juvenile's own perception of vulnerability; and 11. Any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles. 12. Juveniles shall not be disciplined for refusing to answer or for not disclosing complete information related to whether he or she has a mental, physical, or developmental disability; whether he or she is or is perceived to be gay, lesbian,

bisexual, Transgender, Intersex, or Gender Nonconforming; whether he or she has previously experienced Sexual Victimization; or his/her own perception of vulnerability. (§115.341-h)

B. Appropriate controls pursuant to PREA Form 115.341.2 Guidelines for PREA Shared information on the dissemination within the Facility of responses to questions asked are in place to ensure that sensitive information is not exploited to the Juvenile's detriment by staff or other juveniles.

C. The information on PREA Form 115.341 Intake Screening shall be ascertained through conversations with the Juvenile 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 Juvenile's files.

D. Also, periodically, at least every six (6) months throughout their confinement or when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the Juvenile's risk of Sexual Victimization or abusiveness, PREA Form 115.341.1 PREA Risk Reassessment shall be completed.

E. Should the case manager identify a Juvenile who requires special housing, this information shall be forwarded to the Facility administrator/designee for disposition and appropriate room assignment and monitoring by the unit manager using PREA Form 115.342 Housing Unit Placement (§115.342)

F. Should a housing recommendation be impossible to accommodate due to lack of available beds, the Facility administrator shall create and implement a written plan of action to insure proper supervision of the Juvenile in question. This plan shall be shared with all managerial staff within the Facility and a copy shall be placed in the Juvenile's administrative file. Every effort shall be made to ensure that sensitive information is not exploited to the Juvenile's detriment by staff or other juveniles.

G. Juveniles shall be identified as potentially assaultive (A), sexually aggressive (SAG), sexually active (SAT), victim (V) or not applicable (NA).

H. Upon completion of PREA Form 115.341 Intake Screening, the treatment coordinator at the Facility shall review the form to determine if the Juvenile was identified at intake as high risk for vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior that would require special services. At a minimum, the Facility shall reassess each Juvenile's risk of victimization or abusiveness within thirty (30) days after the Juvenile's arrival at the Facility, based on any additional information received by the Facility since the intake screening. (§115.341f)

I. In consultation with the psychology staff, the assigned case manager shall incorporate appropriate treatment goals and objectives into the Juvenile's service plan to address any identified issues. If the screening indicates that a resident has experienced prior Sexual Victimization or has previously reported Sexual Abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the Juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

J. Progress shall be monitored during treatment team meetings and shall be updated in writing as identified in the case manager's treatment notes.

K. Juveniles needing more intense therapy shall be referred to the Facility psychologist/mental health professional for additional services. Juveniles identified

as high risk with a history of assaultive and/or predatory behavior, or at risk for Sexual Victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the Facility psychologist/contract mental health professional.

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

M. Medical and mental health practitioners shall obtain informed consent from Juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18, using PREA Form 115.381 Clinical Services Treatment Consent Form.

Document summary:

A sample of conducted juvenile risk screening were reviewed. It was noted that period reassessments were not provided for residents who had been at the facility for over six months. A determination of compliance cannot be made, as reassessments were not included.

Interview summaries:

The PREA Coordinator indicated that clinicians conduct the risk screenings. Access to the information contained on the risk screenings is a need-to-know basis. Only pertinent information is shared with authorized personnel. The results, similar to other records are, secured, with controlled access (assigned keys to individuals).

The PREA Compliance Manager stated only certain individuals, such as the Campus Administrator and assigned clinicians, have access to a resident's risk assessment and other sensitive information. The PREA Compliance Manager indicated that those with access to sensitive information have controlled access, such as an office that requires a key, to areas where this information may be stored.

The MHC Screeners reported that residents are screened for risk of sexual abuse victimization or abusiveness upon admission to the facility. Clinical staff are the only individuals responsible for conducting the risk screenings. The screenings occur on the day of arrival, which is typically on Tuesdays and Thursdays. Prior to conducting risk screening, residents are screened in the infirmary. The initial risk screening considers history, aggressive behaviors, and risk of vulnerability, which is used for housing decisions. Risk screenings are conducted in a private area. A screening checklist is used to perform the screening; however, the questions are not asked in any order. One (1) MHC Screener indicated building a rapport with the resident to gain comfort in answering certain questions. When necessary, the questions are tailored to the intellectual needs of the residents being screened. Information for the screening instrument considers social history, case history, and sometimes detention history. Reassessments typically occur every six (6) months. Risk screening information is only shared with certain individuals.

	<p>All 15 residents interviewed could recall being asked about their orientation, possible disabilities, LGBTI status, and perception of danger. 7 of those residents was unsure if they were asked these questions again after the initial screening.</p> <p>Site Review:</p> <p>As mentioned in standard §115.333, this auditor was unable to observe a resident intake. However, through conducted resident and staff interviews, it was determined that risk screenings are conducted by contracted clinical staff. It was conveyed to the auditor these screenings occur in a private setting. While touring one (1) of the buildings dedicated to clinical staff and clients, these private areas were observed. It should be noted that although no other individuals can hear the screening being conducted, the area allows for continued safety supervision (ie office windows, conference rooms that remain visible to others not involved in the screening process). Youth interviewed reported screening staff ask questions in a manner that fosters comfort and elicits responses. Information is obtained in a manner that is understandable to residents of all learning levels and is pursuant to all components of §115.341. Residents and staff confirm the process of clinicians conducting risk screenings are consistent and identified as the most productive and private process to obtain this information.</p> <p>The physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards are securely stored. Methods used to assure security include controlled access buildings that require key entries and staff-controlled access. Office keys are assigned to certain personnel and key check-in process are in place. Protocols are in place to assure secure retention of sensitive records/information. Only authorized and assigned individuals are able to access this information, which is only communicated/transferred on a need-to-know basis. Residents are restricted from accessing areas where records are maintained.</p> <p>Corrective Action Period:</p> <p>During the corrective action period, the facility submitted documentation illustrating where residents were reassessed in accordance with §115.341(a). However, there were observations that the practice was inconsistent, as records initially requested by the auditor did not include the reassessments as required by standard. 17 screening records were reviewed by this auditor, verifying that reassessments occurred periodically at the facility. The agency PC advised there have been increased efforts to establish consistency with the mandatory reassessments, including meetings with clinical staff who are responsible for completion. The recently hired agency Treatment Coordinator, who has installed a practice tracking the six (6) month assessments. Increased communication between the agency PC and Treatment Coordinator will occur to evaluate practices and assure improved consistency is maintained.</p>
--	---

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents reviewed:

1. Sample of Juvenile Risk Screening records

Interviews:

1. PREA Coordinator
2. Campus Administrator
3. PREA Compliance Manager
4. Onsite Nurse
5. Mental Health Clinician (MHC)
6. MHC Screener
7. Isolation Unit staff
8. Resident in Isolation
9. LGBTI 1
10. LGBTI 2

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

VI. Placement of Juveniles in Housing, Bed, Program, Isolation, Education, and Work Assignments (§115.342)

A. Facilities shall use all information obtained from PREA Form 115.341 Intake Screening and subsequently, to make housing, bed, program, education, and work assignments for Juveniles with the goal of keeping all Juveniles safe and free from sexual abuse. An individualized determination shall be made about how to ensure the safety of each Juvenile (§115.342a)

B. Juveniles at risk of sexual victimization, or those Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Juveniles safe, and then only until an alternative means of keeping all Juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the Juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Juvenile's administrative file. During any period of isolation, Facilities shall not deny Juvenile's daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every thirty (30) days to determine whether there is a continuing need for separation from the general population (§115.342b)

C. Lesbian, gay, bisexual, Transgender, or intersex Juveniles shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, Transgender, or Intersex identification or status as an indicator of likelihood of being sexually abusive.

D. In deciding whether to assign a Transgender or Intersex Juvenile to a Facility for male or female Juveniles, and in making other housing and programming

assignments, the Facility shall consider on a case-by-case basis whether a placement would ensure the Juvenile's health and safety, and whether the placement would present management or security problems. (§115.342d)

E. Placement and programming assignments for each Transgender or Intersex Juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the Juvenile using PREA Form 115.341.1 PREA Risk Reassessment (§115.342e).

F. A transgender or intersex Juvenile's own views with respect to his or her own safety shall be given serious consideration into determining safety issues. (§115.342f)

G. Transgender and intersex Juveniles shall shower separately from other Juveniles. (§115.342g)

Document summary:

The selected sample substantiated that youth were being screened before housing decisions were made.

Interview summaries:

The PREA Coordinator denied the facility has special housing unit(s) for lesbian, gay, bisexual, transgender, and intersex residents.

The Campus Administrator stated that residents are only isolated from others as a last resort. It is realized that isolation may be received as punitive. If a resident is placed in isolation, it is more likely when less restrictive measures are inadequate to keep them and other residents safe. The Campus Administrator stated that if a resident was placed in isolation for sexual safety, their removal from isolation would be a priority once a safe alternative has been identified.

The PREA Compliance Manager reported the screenings are used for housing decisions, completed on a case-by-case basis. The facility makes efforts to assure any specific populations are not housed together. There are no specific housing units for LGBTI residents. If a transgender resident/intersex resident were to be admitted, this would most likely occur after an agency assessment to determine the best assignment for the youth. The PREA Compliance Manager reported every resident shower separately. Appropriate screenings would occur and with individualized considerations. All residents', including transgender/intersex, health and safety would be considered, as well as any potential management or security problems before a decision is made. In the event a transgender/intersex resident was being housed, the PREA Compliance Manager stated the housing would be reassessed every six (6) months.

The Onsite Nurse and MHC reported residents in isolation continue to receive services. Residents in Isolation see a physician at least once a week and prescribed medication is provided daily. The MHC reported individual services are provided to the residents at least twice a week.

The MHC Screener reported that the risk screening instrument is used for housing decisions, as well as therapeutic needs. There were no recollections of any transgender or intersex residents; however, the MHC Screener would reassess

	<p>according to standard, as well as consider their own perception of safety. Transgender and intersex residents would most likely be given the opportunity to shower separately, because this is already the facility protocol.</p> <p>The Isolation Unit Staff could not recall the Isolation Unit being used for sexual victimization, though it was noted that this information may not be circulated, due to confidentiality. All residents in the Isolation Unit have access to programs, privileges, and education, the same as other residents in general housing. If a resident was placed in Isolation for protection, the Isolation Unit Staff indicated this would most likely not be a long-term move. Residents typically assigned to isolation have a service plan, which is 30-60 days, depending on the incident. Isolation residents receive Clinical treatment team meetings frequently. Medical visits are also regularly provided.</p> <p>The Resident in Isolation reports still receiving programming, the ability to attend school/receive education, use the phone and receive visits. Medical and mental health services are provided a few times a week. This resident denied being placed in Isolation for any sexual safety concerns. Since being in isolation, status review meetings are reported as occurring monthly, during which he is able to participate.</p> <p>Two (2) residents who identify as LGBTI were interviewed. Both denied ever being placed in isolation housing or unit/wings assigned primarily to youth who identify as LGBTI.</p>
--	---

115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Memorandum of Understanding between DYS and Child Protect, dated 3/28/2025 2. Resident Handbook (§115.333) 3. Updated Resident Handbook (received during Corrective Action Period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Resident Interviews 3. Random Staff interviews 4. Child Protect Advocacy Program Representative 5. Resident RSA <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>VII. Reporting an allegation of Sexual Abuse (§115.351)</p> <p>A. Juveniles who are victims of Sexual Abuse or Sexual Harassment, who have faced retaliation by staff or peers for reporting Sexual Abuse or Sexual Harassment; or</p>

who want to report staff neglect or violation of responsibilities that may have contributed to such incidents, have the option to report the incident to any staff member, in addition to immediate point-of-contact line staff members, or to the Agency PREA Sexual Assault Hotline (§115.351a)

B. Juveniles may also report Sexual Abuse or Sexual Harassment or retaliation to a public or private entity, such as ADAP or to the MOU Rape Crisis Center that is not a part of the Facility and they can immediately forward the Juvenile's report to the Agency PREA Coordinator. (§115.351b)

C. Juveniles may use the DYS Form 1.28 Juvenile Grievance Form, available in each living unit and in the school, to report Sexual Abuse, Sexual Harassment or retaliation, or they may make a verbal report to their DYS Advocacy Representative.

D. Juveniles, staff, or others may report allegations via a Sexual Assault Hotline at 1-855-332-1594. The Hotline may be accessed twenty-four (24) hours a day.

E. A third party reporting form, PREA Form 115.354 Third Party Reporting for Sexual Abuse or Sexual Harassment, is also available on the DYS PREA website for reporting allegations.

F. Staff is required to accept and document all reports of Sexual Abuse or Sexual Harassment made verbally, in writing, anonymously, or from third parties using DYS Form 812 Critical Incident Report (§115.351)

G. Reports by staff shall be documented immediately, within the shift of duty in which the report is received. Staff may use the DYS PREA Sexual Assault Hotline to report privately or they may report up their chain of command, or to the DYS PREA Coordinator or the DYS Special Investigator. (§115.351)

H. Any employee who is a witness to or has knowledge of any Sexual Abuse or Sexual Harassment shall be responsible to immediately report it in one of these designated ways. An employee who knowingly fails to report Sexual Abuse or Sexual Harassment of a Juvenile shall be subject to disciplinary action. (§115.351)

I. In the event that Juveniles are adjudicated solely for civil immigration purposes, they shall be provided information on how to contact appropriate consular or Homeland Security officials. (§115.351b)

Document summary:

1. On 3/28/2025, a Memorandum of Understanding was signed between DYS and Child Protect. This provided residents an external entity alternative to report sexual abuse and sexual harassment. When reviewing the Resident Handbooks provided by the facility, it was observed the phone number for the outside entity had not been updated. Determination for compliance cannot be made at this time.

Interview summaries:

Regarding resident reporting methods to a separate entity, the PREA Compliance Manager stated hotline calls through "Child Protect", which recently started would be available. Previously, these services were provided through Alabama Disabilities Advocacy Program (ADAP). If a resident were to call a separate entity to report abuse, email summaries would immediately be sent to designated agency/facility personnel. When the services were being provided through ADAP, the summaries were received no later than the next morning. Callers are allowed to remain anonymous when making these calls. Aside from calls made to a separate entity,

DYS also has an internal hotline residents may choose to use. Residents also have the grievance process and option to make verbal reports to staff.

Majority of the 15 residents interviewed were able to identify multiple ways to report an allegation of sexual abuse or sexual harassment. Grievances were the most repetitive answer. Other responses included telling staff, a trusted individual, utilizing the hotline, or telling a family member. When asked how a report could be made to someone outside the facility, many of the residents responded their family or a hotline call. 14 of the 15 residents knew a report could be made anonymously. All residents knew an allegation could be made in person or in writing.

Resident RSA stating his allegation was self-reported through submitting a written statement. There was no assistance required in submitting the written statement.

During the staff interviews, residents were reported as using grievances, making a verbal report to staff, accessing the hotline, or tell a trusted peer if they desired to make a private report of sexual abuse or sexual harassment. All staff knew that a resident could make a report in writing, anonymously, or through a third party. If a staff desired to make a private report, all indicated the ability to do so. Methods used for private reporting was calling administration directly or making a hotline call.

Site Review:

The auditor observed posted signage throughout the campus. Signage included posted audit notices, civil immigration information, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. These notices were readable and accessible, consistent, and placed throughout the facility, allowing residents to be informed of vital sexual safety information specific to the campus. The placement and accuracy of the information was compliant with PREA standards. Signage was placed in housing units and common areas throughout the facility, including in public spaces where visitors and individuals not employed by the facility can view. Signage was observed to be provided in English and Spanish, containing the appropriate text size and formatting. The physical placement was able to accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage was not obscured, and if necessary, were easily replaced by the facility staff. The information on the signage is accurate and consistent throughout the facility, including current addresses and phone numbers. In addition to being posted throughout the facility, PREA-related notices were also observed as being posted near telephones accessible to residents. Key PREA information was observed as continuously and readily available throughout the facility. During informal conversations with staff and residents, the signage/notices are considered mainstays throughout the facility.

The facility was equipped with multiple internal methods for residents to privately report sexual abuse or sexual harassment, retaliation by other persons, and staff neglect or violation of responsibilities that may have contributed to such incidents. Facility residents were observed to have regular and timely access to reporting

methods, with key agency/facility personnel being able to receive these concerns.

Reporting in writing is available through grievances and resident information reports. Grievances forms can be placed into a locked drop box that can only be accessed by supervisory personnel. Writing instruments are provided to residents in multiple ways.

Residents do not have to rely on staff for grievance forms and have the ability to place in any box located throughout the campus. For residents who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills, assigned staff/contractors are accessible to assist reporting efforts. Residents can also make a verbal report of sexual abuse and/or sexual harassment to staff. For these reports, it was ascertained that an information report is documented by the receiving staff and escalated to necessary personnel to initiate appropriate response efforts. Information regarding allegations/incidents of sexual safety are forwarded on a need-to-know basis, and documented records are secured and limited to necessary personnel. In the event a resident chooses to make an allegation using US Mail, necessary items/instruments are made available, with reporting addresses posted throughout the campus. It was reported the mail is skimmed to assure residents are not contacting unauthorized individuals; however, once sealed, the mail is circulated to the facility designated mail clerk for processing and sending. Mail identified as being sent to an external reporting entity, outside emotional support services, and legal mail are treated as confidential and processed accordingly.

The auditor made a test call, using a phone located in a housing unit, to the agency abuse hotline, which is separate from the facility. When the test was conducted, the call was immediately answered by the PREA Coordinator. The test call did not require a resident to use a personal identification code and was identified as a toll-free number. This phone number was also posted throughout the campus, including areas where visitors and parents can access.

The phone number for external reporting was observed as posted throughout the facility. However, testing using the external reporting method was not conducted, mainly due to auditor error. Due to the recent change in external entities, it is questionable if the posted phone numbers are current. It was observed that residents throughout the facility, including isolation, have access to phones within their housing unit. The phone calls are understood as being private, only being monitored by staff from an exterior area. Residents with reasonable accommodations, where necessary, are able to access staff or contracted personnel assistance in coordinating the phone calls. The configuration of the telephone is the same method of residents who make normal calls, which aids in concealing whether a report of any type of abuse is made. Mechanisms are in place that allow the identity of the youth making the report to remain anonymous to facility staff and administrators, which is also discussed in resident intake/education.

The physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards are securely stored.

Methods used to assure security include controlled access buildings that require key entries and staff-controlled access. Office keys are assigned to certain personnel and key check-in processes are in place. Protocols are in place to assure secure retention of sensitive records/information. Only authorized and assigned individuals are able to access this information, which is only communicated/transferred on a need-to-know basis. Residents are restricted from accessing areas where records are maintained.

Corrective Action Period:

The auditor interviewed a representative from Child Protect Advocacy Program. During the interview, it was learned the organization has contacts at the facility and agency level, via phone or email. At the time of the interview, the organization had not toured the campus. The MOU with the Mt. Meigs campus was signed about a few months ago. When needed, a campus resident would be able to access services via telephone to the organization. A resident can make an anonymous report. The agency PC and facility Campus Administrator would be notified about any present allegations of sexual abuse/sexual harassment. The representative reported having no current concerns of sexual safety at the facility; however, it was noted there has not been much contact with staff/residents from the facility. There is familiarity with the facility's Accountability Based Sex Offense Prevention Program (ABSOPP), having been in previous contact with assigned counselors. Since the MOU has been active, the representative could not recall receiving any reports or advocacy requests from the facility. Although no calls have been received, the representative indicated services would be provided if called upon. There have been no concerns about resident misuse. Services would be offered to all students from Mt. Meigs, even if only being held for civil immigration purposes (which currently is not the case). Services would also be offered to a resident who was unable to speak English. There are contracted phone services and translators in place if a language barrier exists. For urgent incidents, Child Protect relies on a triage process, which includes working through deficiencies if a resident was unable to speak English. Language barrier services can take place over-the-phone; however, if a contracted person is needed, a delay of one (1) to two (2) days may be present.

During this period, updated Resident Handbooks were provided to the auditor for review. The phone numbers for reporting abuse to an external entity and external emotional support services were present. During the onsite visit on 8/8/2025, Resident Handbooks containing the updated phone numbers were present in each housing area, accessible to residents. Updated posters in English and Spanish were present throughout the campus, including housing areas, displaying the correct phone numbers, allowing internal and external options, for reporting sexual abuse, as well as seek outside emotional support services.

In a test of critical functions, the auditor contacted the outside entity tasked with receiving abuse allegations from Mt. Meigs residents. Using a telephone in the residential housing area, the auditor was able to verify that Child Protect Advocacy was able to receive phone calls from residents. The call answerer confirmed interpreters would be available if necessary. It was reported that call-answerers are on-call at all times, utilizing a rotation schedule. Child Protect Advocacy forwarded a

	test call statement to the agency PC and Campus Administrator.
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Grievance form examples 2. Grievance memo <p>Interviews:</p> <ol style="list-style-type: none"> 1. Resident RSA (during follow-up onsite visit) <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 VIII. Reporting an Allegation of Sexual Abuse (§115.351) C. Juveniles may use the DYS Form 1.28 Juvenile Grievance Form, available in each living unit and in the school, to report Sexual Abuse, Sexual Harassment or retaliation, or they may make a verbal report to their DYS Advocacy Representative. IX. Grievance Procedures to Address Sexual Abuse (§115.352) Refer to DYS Policy 1.28 page 7, Section E (Juvenile Grievance Process)</p> <p>Site Review:</p> <p>The auditor observed posted signage throughout the campus. Signage included posted audit notices, civil immigration information, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. These notices were readable and accessible, consistent, and placed throughout the facility, allowing residents to be informed of vital sexual safety information specific to the campus. The placement and accuracy of the information was compliant with PREA standards. Signage was placed in housing units and common areas throughout the facility, including in public spaces where visitors and individuals not employed by the facility can view. Signage was observed to be provided in English and Spanish, containing the appropriate text size and formatting. The physical placement was able to accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage was not obscured, and if necessary, were easily replaced by the facility staff. The information on the signage is accurate and consistent throughout the facility, including current addresses and phone numbers. In addition to being posted throughout the facility, PREA-related notices were also observed as being posted near telephones accessible to residents. Key PREA information was observed as continuously and readily available throughout the facility. During informal conversations with staff and residents, the signage/notices are considered mainstays throughout the facility.</p> <p>The auditor was able to make a test call, using a phone located in a housing unit, to</p>

	<p>the agency abuse hotline, which is separate from the facility. When the test was conducted, the call was immediately answered by the PREA Coordinator. The test call did not require a resident to use a personal identification code and was identified as a toll-free number. This number was also posted throughout the campus, including where visitors are able to access.</p> <p>The phone number for external reporting was observed as posted throughout the facility. However, testing using the external reporting method was not conducted in error. It was observed that residents throughout the facility, including isolation, have access to phones within their housing unit. The phone calls are understood as being private, only being monitored by staff from an exterior area. Residents with reasonable accommodations, where necessary, are able to access staff or contracted personnel assistance in coordinating the phone calls. The configuration of the telephone is the same method of residents who make normal calls, which aids in concealing whether a report of any type of abuse is made. Mechanisms are in place that allow the identity of the youth making the report to remain anonymous to facility staff and administrators, which is also discussed in resident intake/education.</p> <p>Interviews: When his investigation was complete, Resident RSA confirmed he was notified by the outcome by his therapist. Resident RSA recalled receiving the notification in writing, which was not long after the investigation was initiated.</p>
--	--

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Memorandum of Understanding between DYS and Child Protect, dated 3/28/2025 2. Resident Handbook 3. DOJ FAQ, dated 2/6/2020 4. Updated Resident Handbook (received during Corrective Action Period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. PREA Compliance Manager 3. Random Resident Interviews 4. Child Protect Advocacy Program representative (during corrective action period) 5. Resident RSA (during follow-up onsite visit) <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures and 13.8.1</p>

XVII. Juvenile Access to Outside Support Services and Legal Representation (§115.353)

A. Facilities shall provide Juveniles with access to outside victim advocates for emotional support services related to sexual abuse, by posting mailing addresses and telephone numbers, including toll free hotline numbers where applicable, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between Juveniles and these organizations and agencies, in as confidential a manner as possible. (§115.353a)

B. Facilities shall inform Juveniles, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (§115.353b)

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

D. Facilities shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Document summary:

The Memorandum of Understanding between DYS and Child Protect, dated 3/28/2025, was reviewed. From what was gathered, this service was recently established to provide an external agency reporting method, in accordance with §115.351. While reviewing DOJ FAQ, dated 2/6/2020, it was researched that rape crisis centers or other victim service providers are typically not appropriate entities to serve as external reporting entities, pursuant to PREA Standard §115.351. The provided MOU from 3/28/2025 only specifies that Child Protect will be utilized for external reporting, with no mention of emotional support services. A determination for compliance cannot be made at this time.

Interview summaries:

The Campus Administrator reported that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. This type of visitation would occur in the Facility Administration Building and would be coordinated through the Agency Legal Department. The resident/attorney visit would be provided with the necessary privacy and confidentiality. The facility provides residents with reasonable access to parents or legal guardians through allotted phone calls and visitation.

The PREA Compliance Manager reported access to attorneys/legal representation occurs in a private setting, assuring confidentiality. Reasons for these meetings vary from case-related to treatment needs. The only circumstances where a resident may be denied access to a parent/guardian would be for immediate safety reasons and where it is determined that a visit would hinder treatment. It was reported there were not many instances of this occurring. Access to parents/legal guardians occur

on certain/assigned days. Visits are mostly private, during which facility monitoring occurs through a window.

Majority of the 15 residents interviewed did not know of about the emotional support services available outside the community. Many stated they would rely on a previous counselor in the community or their assigned therapist. Resident phone calls are perceived to be private. Staff may be posted in an adjacent room for monitoring, but majority of the residents had no concerns of their phone calls being monitored. None of the residents interviewed reported a problem with visitation, family contact, or access to their attorney.

Site Review:

The auditor observed posted signage throughout the campus. Signage included posted audit notices, civil immigration information, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. These notices were readable and accessible, consistent, and placed throughout the facility, allowing residents to be informed vital sexual safety information specific to the campus. The placement and accuracy of the information was compliant with PREA standards. Signage was placed in housing units and common areas throughout the facility, including in public spaces where visitors and individuals not employed by the facility can view. Signage was observed to be provided in English and Spanish, containing the appropriate text size and formatting. The physical placement was able to accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage was not obscured, and if necessary, were easily replaced by the facility staff. The information on the signage is accurate and consistent throughout the facility, including current addresses and phone numbers. In addition to being posted throughout the facility, PREA-related notices were also observed as being posted near telephones accessible to residents. Key PREA information was observed as continuously and readily available throughout the facility. During informal conversations with staff and residents, the signage/notices are considered mainstays throughout the facility.

The phone number for contacting emotional support services was observed as posted throughout the facility. However, when testing the phone number for emotional support services (Child Protect), there was no answer. A voicemail message was left; however, a response was not received. Coupled with the concerns discussed in the documentation summary, this auditor was unable to make a determination of compliance. It was observed that residents throughout the facility, including isolation, have access to phones within their housing unit. The phone calls are understood as being private, only being monitored by staff from an exterior area. Residents with reasonable accommodations, where necessary, are able to access staff or contracted personnel assistance in coordinating the phone calls. The configuration of the telephone is the same method of residents who make normal calls, which aids in concealing whether support is being sought/utilized.

Corrective Action Period:

The auditor interviewed a representative from Child Protect Advocacy Program.

During the interview, it was learned the organization has contacts at the facility and agency level, via phone or email. At the time of the interview, the organization had not toured the campus. The MOU with the Mt. Meigs campus was signed about a few months ago. When needed, a campus resident would be able to access services via telephone to the organization. The representative reported having no current concerns of sexual safety at the facility; however, it was noted there has not been much contact with staff/residents from the facility. There is familiarity with the facility's Accountability Based Sex Offense Prevention Program (ABSOPP), having been in previous contact with assigned counselors. Since the MOU has been active, the representative could not recall receiving any reports or advocacy requests from the facility. Although no calls have been received, the representative indicated services would be provided if called upon. There have been no concerns about resident misuse. Services would be offered to all students from Mt. Meigs, even if only being held for civil immigration purposes (which currently is not the case). Services would also be offered to a resident who was unable to speak English. There are contracted phone services and translators in place if a language barrier exists. Language barrier services can take place over-the-phone; however, if a contracted person is needed, a delay of one (1) to two (2) days may be present. All callers are made aware of the confidentiality clause/limitations, including if the call was intended for emotional support services (mandatory reporter). Most services are provided over-the-phone, but in-person services are also available. Mail correspondence would be treated as legal mail. Child Protect would accompany a resident to a SAFE/SANE exam, if requested. The Child Protect representative cited familiarity with One Place Family Justice, because of the SAFE/SANE exams.

During this period, updated Resident Handbooks were provided to the auditor for review. The phone numbers for reporting abuse to an external entity and external emotional support services were present. During the onsite visit on 8/8/2025, Resident Handbooks containing the updated phone numbers were present in each housing area, accessible to residents. Updated posters in English and Spanish were present throughout the campus, including housing areas, displaying the correct phone numbers, allowing internal and external options, for reporting sexual abuse, as well as seek outside emotional support services.

Resident RSA was interviewed during the follow-up visit. While interviewed, Resident RSA reported the facility has provided contact information for outside reporting and emotional services. Resident RSA confirmed this information was provided through the resident handbook and signs. If the need arose, Resident RSA stated he would be able to access these services through housing unit phones. The housing unit phones are considered private and Resident RSA stated staff would allow him to use a private office if necessary. Resident RSA stated phone access would be provided/afforded to him the same day, without delay. Writing utensils and materials were noted as available and would be coordinated by staff or the assigned therapist. Resident RSA reported never using outside emotional support services, but knows he could report an issue to his therapist. Regarding attorney contact, Resident RSA reported he did not know this was possible, having never tried. However, if needed Resident RSA was confident his case manager would assist in facilitating access.

	<p>Access to parents through phone or visitation was reported as never being prohibited/restricted.</p> <p>In a test of critical functions, the auditor contacted the outside emotional support services. Using a telephone in the residential housing area, the auditor was able to verify that Child Protect Advocacy was able to facilitate outside emotional support services for residents. It was reported that call-answerers are on-call at all times, utilizing a rotation schedule.</p>
--	---

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Posted PREA posters for third party reporting (internal agency) <p>Site Review:</p> <p>The auditor observed posted signage throughout the campus. Signage included posted audit notices, civil immigration information, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. These notices were readable and accessible, consistent, and placed throughout the facility, allowing residents to be informed vital sexual safety information specific to the campus. The placement and accuracy of the information was compliant with PREA standards. Signage was placed in housing units and common areas throughout the facility, including in public spaces where visitors and individuals not employed by the facility can view. Signage was observed to be provided in English and Spanish, containing the appropriate text size and formatting. The physical placement was able to accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled. The information provided by the signage was not obscured, and if necessary, were easily replaced by the facility staff. The information on the signage is accurate and consistent throughout the facility, including current addresses and phone numbers. In addition to being posted throughout the facility, PREA-related notices were also observed as being posted near telephones accessible to residents. Key PREA information was observed as continuously and readily available throughout the facility. During informal conversations with staff and residents, the signage/notices are considered mainstays throughout the facility.</p> <p>The auditor was able to make a test call, using a phone located in a housing unit, to the agency abuse hotline, which is separate from the facility. When the test was conducted, the call was immediately answered by the PREA Coordinator. The test call did not require a resident to use a personal identification code and was identified as a toll-free number. This number was also posted throughout the campus, including where visitors are able to access.</p>

	<p>It was observed that residents throughout the facility, including isolation, have access to phones within their housing unit. The phone calls are understood as being private, only being monitored by staff from an exterior area. Residents with reasonable accommodations, where necessary, are able to access staff or contracted personnel assistance in coordinating the phone calls. The configuration of the telephone is the same method of residents who make normal calls, which aids in concealing whether a report of any type of abuse is made. Mechanisms are in place that allow the identity of the youth making the report to remain anonymous to facility staff and administrators, which is also discussed in resident intake/ education.</p>
--	--

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. DYS employee/contractor training records and signature verifying comprehension <p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. PREA Compliance Manager 3. Onsite Nurse 4. Mental Health Clinician (MHC) 5. Random Staff interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>X. Coordinated Response (§115.365)</p> <p>A. The Facility administrator shall develop a written institutional plan to coordinate actions of all staff in the event that a sexual assault occurs.</p> <p>B. The staff and Facility reporting duties are as follows: (§115.361)</p> <ol style="list-style-type: none"> 1. Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of Sexual Abuse, Sexual Harassment or retaliation that is alleged to have occurred (§115.361a). 2. All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation. (§115.361a) 3. The supervisor shall immediately notify the Facility administrator/designee. The First Responder initiates a critical incident report using DYS Form 8.12 Critical Incident Report as outlined in DYS Policy 8.12. An investigation shall be conducted and documented whenever Sexual Abuse is alleged, threatened, or occurs. If indicated, Child Abuse Reporting, using DHR-FCS-1593 shall also be initiated. 4. The Facility administrator/designee shall immediately notify the Facility PREA Monitor and their investigator of the allegations. Contract service providers should

follow their chain of command as well as make notification to DYS Community Services.

5. The Facility administrator/designee shall ensure that the alleged victim and Aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant. (§115.366)

C. Apart from reporting to designated supervisors, special investigators, law enforcement, and designated state agencies, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in Agency policy, to make treatment, investigation, and other security and management decisions. (115.361b)

D. Medical and mental health practitioners are required to report Sexual Abuse up their chain of command, as well as where required by mandatory reporting laws. (Refer to DYS policy 13.16 on Child Abuse Reporting)

E. Alleged victims of Sexual Abuse shall be immediately referred for medical services to the Rape Crisis Center/hospital on contract for Sexual Abuse.

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

Document summary:

DYS Policies and training records reiterate that all staff and contractors have the expectation of reporting all incidents of sexual abuse and sexual harassment.

Interview summaries:

According to the Campus Administrator, when the facility receives an allegation of sexual abuse, the expectation for staff is to escalate the report, assuring facility administration, including the PREA Compliance Manager and PREA Coordinator, has been notified. All reports of this nature are forwarded to the Agency Investigators for follow-up. If the resident victim is under guardianship of the child welfare system, the assigned social worker is properly notified. It was noted that many residents' legal guardians are the state Department of Human Resources. On average, proper notifications of alleged sexual abuse are made within two (2) days. Clinical staff assist with the notifications, as line staff are not used. If a juvenile court retains jurisdiction over the victim, the allegation to the juvenile's attorney or other legal representative of record is made as soon as possible.

The PREA Compliance Manager reported allegations of sexual abuse are escalated to the Campus Administrator and PREA Coordinator, who assures the Investigations Unit becomes involved. When necessary, the Agency Investigators notify the criminal investigative agency. The reporting resident's parent/guardians are notified, including those under guardianship of the state Department of Human Resources. These notifications typically occur within 24 - 72 hours. If an attorney notification is required, this would occur within 14 days.

	<p>The Onsite Nurse and MHC reported residents are informed of the limitations of confidentiality and reporting duties, prior to initiation of services. Both stated they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official upon immediately learning of it. The Onsite Nurse reported she has never become aware of such incidents but was able to state the expectations. The MHC reported having previously notified the PREA Coordinator when an incident was reported during a session.</p> <p>During the Random Staff interviews, all indicated they were required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported, and if any neglectful supervision may have contributed to the incident taking place. Because of the mandatory training, staff were aware of the policies requiring mandatory reporting, as well as the expectation to complete an incident or informational report.</p>
--	---

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Campus Administrator 3. Random Staff interviews <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 V. Agency Protection Duties (§115.362)</p> <p>When a staff learns that a Juvenile is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the Juvenile and reporting shall be made up the chain of command. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Interview summaries:</p> <p>The Executive Director reported the facility would respond quickly if learned a resident is subject to a substantial risk of imminent sexual abuse. The response time is expected to be immediate, with no delay. Resident movement and interactions would be monitored, and frequent communication between shifts would occur. Movement to another housing unit would occur to assure safety.</p> <p>The Campus Administrator reported a resident would be moved if the circumstances revealed they were in substantial risk of imminent sexual abuse. More likely, the</p>

	<p>facility would seek to move the alleged aggressor. The at-risk resident would receive protection monitoring and check-ins. Clinical staff would also be notified. Staff are expected to respond immediately upon learning a resident is at substantial risk of imminent sexual abuse.</p> <p>The staff interviewed displayed knowledge of expectations when it is learned a resident may be at risk of imminent sexual abuse and protection measures are needed. Responses included an increase in monitoring, alerting leadership, prioritizing safety, separate the resident from the risk, and documenting the efforts. Actions to protect an at-risk resident are expected to occur immediately.</p>
--	---

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Campus Administrator <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XI. Reporting to Other Confinement Facilities (§115.363) A. Upon receiving an allegation that a Juvenile was sexually abused while confined at another facility, the head of the Facility that received the allegation shall notify the head of the facility or appropriate office of the Facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using PREA Form 115.363 Reporting to Other Confinement Facilities. B. Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. C. The Facility Administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. D. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the Juvenile.</p> <p>Document summary: N/A</p> <p>Interview summaries: The Executive Administrator reported that DYS employees conduct administrative investigations. The allegations are normally received by direct-care staff, then escalated through leadership, reaching the PREA Coordinator and PREA Compliance Manager. Depending on the incident's severity level, the Executive Director will be notified promptly from facility leadership. If an incident alleging sexual abuse at a DYS facility is received from another DYS facility or separate agency, administrative investigators will still investigate.</p>

	<p>If an allegation of sexual abuse or sexual harassment was received from another facility or agency, stating the incident occurred in this facility, the Campus Administrator stated the report would be forwarded to the PREA Compliance Manager, PREA Coordinator, and Agency investigators for necessary follow-up. The Campus Administrator could not recall any examples of another facility or agency reporting such allegations to this facility.</p>
--	--

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. First responder checklist 2. First responder guidelines for sexual assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Teacher 2 3. Security First Responder 4. Random staff interviews 5. Resident RSA (occurred during follow-up visit) <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; 4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor. Refer to PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault. 5. Staff shall follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated. <p>Interview summaries:</p> <p>The PREA Coordinator reported maintaining contact with the agency investigative unit. Information was reported as being shared accordingly to the standard.</p> <p>A resident who reported sexual abuse at the facility was interviewed. The allegation</p>

	<p>was self-reported by Resident RSA. Staff were reported as responding the same day, displaying the allegation was being taken seriously. Although the allegation was made in the evening, staff were reported as meeting with Resident RSA that night. Due to allegation being received in the evening, and being housed in a unit with single cells, Resident RSA and the alleged resident perpetrator were separated the next morning.</p> <p>Although teachers are DYS employees, an interview was conducted to assess knowledge of PREA expectations. Teachers do not have the same certification as direct care staff. Teacher 2 discussed the importance of properly reporting incidents of sexual abuse and sexual harassment. If an allegation was received from a resident victim, Teacher 2 knew that separation would need to be ensured, and that efforts to preserve any evidence should begin immediately. Security staff would be contacted to aid the separation and preservation efforts. The alleged victim's safety would be the priority.</p> <p>The Security First Responder reported their actions of a first responder would be to ensure separation between the alleged victim and alleged perpetrator. Evidence preservation efforts were explained. Escalating to facility administration and completing necessary reports was discussed. Medical staff would also be immediately notified.</p> <p>Random staff interviews illustrated awareness of first responder duties if a report of sexual abuse is received. Many knew to assure the resident victim was separated, preserve evidence, contact leadership, and the infirmary. It was understood that their actions would need to be documented for investigative purposes. Other answers were to secure the area where the abuse occurred and try to limit movement until the necessary personnel arrived to conduct a proper follow-up.</p>
--	---

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. Mt. Meigs Coordinated Team Response document <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 X. Coordinated Response (§115.365) A. The Facility administrator shall develop a written institutional plan to coordinate actions of all staff in the event that a sexual assault occurs. B. The staff and Facility reporting duties are as follows: (§115.361) 1. Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of Sexual Abuse, Sexual</p>

Harassment or retaliation that is alleged to have occurred (§115.361a).

2. All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation. (§115.361a)

3. The supervisor shall immediately notify the Facility administrator/designee. The First Responder initiates a critical incident report using DYS Form 8.12 Critical Incident Report as outlined in DYS Policy 8.12. An investigation shall be conducted and documented whenever Sexual Abuse is alleged, threatened, or occurs. If indicated, Child Abuse Reporting, using DHR-FCS-1593 shall also be initiated.

4. The Facility administrator/designee shall immediately notify the Facility PREA Monitor and their investigator of the allegations. Contract service providers should follow their chain of command as well as make notification to DYS Community Services.

5. The Facility administrator/designee shall ensure that the alleged victim and Aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant. (§115.366)

C. Apart from reporting to designated supervisors, special investigators, law enforcement, and designated state agencies, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in Agency policy, to make treatment, investigation, and other security and management decisions. (115.361b)

D. Medical and mental health practitioners are required to report Sexual Abuse up their chain of command, as well as where required by mandatory reporting laws. (Refer to DYS policy 13.16 on Child Abuse Reporting)

E. Alleged victims of Sexual Abuse shall be immediately referred for medical services to the Rape Crisis Center/hospital on contract for Sexual Abuse.

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

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

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

I. If an allegation of Sexual Abuse is made by a Juvenile on aftercare, staff receiving

	<p>this information shall report it to the appropriate court.</p> <p>J. The Facility shall report all allegations of Sexual Abuse and Sexual Harassment, including third-party and anonymous reports, to the Facility's designated investigators, to the Agency PREA Coordinator, Programs and Client Services/ Community Services. (§115.361) (§115.365)</p> <p>Document summary:</p> <p>The Mt. Meigs Coordinated Response Checklist was reviewed, being found compliant.</p> <p>Interview summaries:</p> <p>The Campus Administrator stated that, depending on the incident, first responders are trained to take steps such as: separate the alleged victim and abuser, notify security personnel, preserve evidence, secure the area, involve medical personnel (including forensics), and assure all necessary notifications are made. If considered a critical incident, the reports are escalated to agency level personnel, with an incident briefing expected to occur within 72 hours.</p>
--	---

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Interviews:</p> <p>1. Executive Director</p> <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>X. Coordinated Response (§115.365)</p> <p>A. The Facility administrator shall develop a written institutional plan to coordinate actions of all staff in the event that a sexual assault occurs.</p> <p>B. The staff and Facility reporting duties are as follows: (§115.361)</p> <p>1. Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of Sexual Abuse, Sexual Harassment or retaliation that is alleged to have occurred (§115.361a).</p> <p>2. All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation. (§115.361a)</p> <p>3. The supervisor shall immediately notify the Facility administrator/designee. The First Responder initiates a critical incident report using DYS Form 8.12 Critical Incident Report as outlined in DYS Policy 8.12. An investigation shall be conducted and documented whenever Sexual Abuse is alleged, threatened, or occurs. If indicated, Child Abuse Reporting, using DHR-FCS-1593 shall also be initiated.</p>

	<p>4. The Facility administrator/designee shall immediately notify the Facility PREA Monitor and their investigator of the allegations. Contract service providers should follow their chain of command as well as make notification to DYS Community Services.</p> <p>5. The Facility administrator/designee shall ensure that the alleged victim and Aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant. (§115.366)</p> <p>C. Apart from reporting to designated supervisors, special investigators, law enforcement, and designated state agencies, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in Agency policy, to make treatment, investigation, and other security and management decisions. (115.361b)</p> <p>D. Medical and mental health practitioners are required to report Sexual Abuse up their chain of command, as well as where required by mandatory reporting laws. (Refer to DYS policy 13.16 on Child Abuse Reporting)</p> <p>E. Alleged victims of Sexual Abuse shall be immediately referred for medical services to the Rape Crisis Center/hospital on contract for Sexual Abuse.</p> <p>F. Immediate notification shall be made and documented by the Facility administrator/designee to the DYS Office of Programs and Client Services, Central Office or DYS Community Services if contract service provider, when the alleged assault is reported, at the same time other notifications are made as required by DYS policy to the special investigator, medical staff, and to the Facility PREA Compliance monitor.</p> <p>Document summary: N/A</p> <p>Interview summaries: The Executive Director reported there is no collective bargaining agreement in place for DYS employees.</p>
--	--

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Memo from Agency Investigators, dated 3/12/2025, logging the PREA investigations from 2024 2. Allegations overview completed by PREA Coordinator, dated 4/8/2025 3. Two (2) youth sexual abuse investigation forms, during which the allegations were 'unsubstantiated' (obtained during corrective action period) 4. Corresponding retaliation monitoring forms (obtained during corrective action period)

Interviews:

1. Executive Director
2. Campus Administrator
3. PREA Compliance Manager/Staff Member Charged with Monitoring Retaliation
4. Resident RSA (during follow-up onsite visit)

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

XV. Protections Against Retaliation (§115.367)

A. Any employee or juvenile of the Department of Youth Services is prohibited from retaliating against other employees or juveniles for reporting allegations of Sexual Abuse or Sexual Harassment. Employees and/or juveniles who are found to have violated this prohibition shall be subject to disciplinary action. Facilities shall act promptly to remedy any form of retaliation. (§115.362)

B. Protections from retaliation will be afforded to all juveniles and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations. It is the responsibility of the Campus Administrator to designate which staff members are charged with monitoring retaliation. The Facility shall employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

C. For at least 90 days following a report of sexual abuse, the Facility administrator shall designate a staff to monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall be done using PREA Form 115.367 Protections against Retaliation.

D. The Facility shall monitor any juvenile disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

E. In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes.

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

G. A facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

Document summary:

Although there were PREA related incidents from 2024 -2025, documented PREA retaliation monitoring forms were not provided. Determination for Compliance cannot be made at this time.

Interview summaries:

The Executive Director reported a review will take place when an allegation is

received. Resident victims and witnesses, as well as staff witnesses will be protected from retaliation when a report is received and requires investigation. Student and staff reassignments will be utilized, including facility monitoring for retaliation. Recommended adjustments will occur to ensure protection for staff and residents. If the staff is named as a perpetrator, administrative leave will be utilized until an investigative outcome is received.

The Campus Administrator reported retaliation monitoring is utilized for allegations of sexual abuse or sexual harassment. When necessary, accompanying monitoring efforts, residents are moved to another housing location. If necessary, staff movement/reassignment is utilized. Staff are also protected from retaliation. Consequences and Disciplinary Hearings are held with students if they are suspected or confirmed as retaliating against another. If staff are suspected as confirmed as retaliating, progressive discipline and administrative leave can be utilized.

The PREA Compliance Manager is also designated to conduct retaliation monitoring. Reportedly, a Team Lead or therapist may also be utilized. To prevent retaliation against residents or staff who report sexual abuse or sexual harassment, as well as those concerned for cooperating with these investigations, the PREA Compliance Manager reported using periodic check-ins. Any issues received during these check-ins will be reported to ensure appropriate response actions are taken (ie reassignments or housing changes). Check-ins take place daily, at random times, including various shifts. The PREA Compliance Manager looks for behavior changes, desire to suddenly switch programs, possible incentivized plans to commit harm (bounties). Staff safety is also monitored and will be addressed quickly if a concern is observed/reported. Staff are aware that retaliation in any form is grounds for termination. Retaliation monitoring takes place for 90 days, but will be extended, if necessary, until the problem is resolved. There is no time limit on extension for retaliation monitoring.

Corrective Action Period:

On 5/23/2025, the facility submitted corresponding retaliation monitoring forms in response to two (2) youth sexual abuse allegations, during which the investigation outcomes were 'unsubstantiated.' The form contains what items the retaliation monitor should review, as well as spaces to record any protective measures taken. While reviewing these forms, it was observed the retaliation monitoring did not continue for the expected 90 days, in accordance with PREA standard and DYS policy. It was reported that the residents being monitored communicated it was no longer necessary, mainly due to the allegation lacking sincerity. This auditor pointed out that PREA standards indicate the monitoring should occur 90 days, unless the investigation outcome is 'unfounded.' Additionally, it was noted retaliation monitoring includes more than face-to-face visits, which could include review of incident reports, housing assignments, reported grievances, etc.

During the follow-up visit, an interview was conducted with Resident RSA who previously alleged sexual abuse at the facility. This resident confirmed receiving regular follow-ups from the assigned retaliation monitoring, having a present feeling

	<p>of safety. The resident also maintained regular contact with his therapist, who was also a trusted individual who could receive a report of retaliation.</p> <p>Though 90-day retaliation monitoring period was not reflected in the submitted samples, the facility was able to demonstrate that retaliation monitoring is provided to residents who allege sexual abuse.</p>
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. Onsite Nurse 3. Mental Health Clinician (MHC) 4. Isolation Unit Staff 5. Resident in Isolation <p>Interview summaries:</p> <p>The Campus Administrator stated that residents are only isolated from others as a last resort. It is realized that isolation may be received as punitive. If a resident is placed in isolation, it is more likely when less restrictive measures are inadequate to keep them and other residents safe. The Campus Administrator stated that if a resident was placed in isolation for sexual safety, their removal from isolation would be a priority once a safe alternative has been identified.</p> <p>The Onsite Nurse and MHC reported residents in isolation continue to receive services. Residents in Isolation see a physician at least once a week and prescribed medication is provided daily. The MHC reported individual services are provided to the residents at least twice a week.</p> <p>The Isolation Unit Staff could not recall the Isolation Unit being used for sexual victimization, though it was noted that this information may not be circulated, due to confidentiality. All residents in the Isolation Unit have access to programs, privileges, and education, the same as other residents in general housing. If a resident was placed in Isolation for protection, the Isolation Unit Staff indicated this would most likely not be a long-term move. Residents typically assigned to isolation have a service plan, which is 30-60 days, depending on the incident. Isolation residents receive Clinical treatment team meetings frequently. Medical visits are also regularly provided.</p> <p>The Resident in Isolation reports still receiving programming, the ability to attend school/receive education, use the phone and receive visits. Medical and mental health services are provided a few times a week. This resident denied being placed in Isolation for any sexual safety concerns. Since being in isolation, status review</p>

	<p>meetings are reported as occurring monthly, during which he is able to participate.</p> <p>Site Review:</p> <p>This auditor observed there was only one (1) unit used for isolation. During the site visit, there were five (5) residents assigned to the isolation unit. None were placed there for sexual safety concerns, which was not a reported practice of the facility. All of the residents were contacted, who confirmed they were assigned to the unit for reasons outside of concern for sexual safety. The facility was able to demonstrate that the residents assigned to isolation received all services afforded to residents assigned to standard units. Programming, including those of education and recreation, took place in the unit. Medical and mental health services are provided to these residents, including clinician's offices being located in the same building. Each resident has a treatment plan to measure when transitioning to another unit is possible. Residents assigned to this unit have access to phones and visitation, with the same level of privacy afforded to residents in general population. As with other buildings, access in and out the housing unit is controlled. Multiple staff are assigned to this unit during all shift hours.</p>
--	--

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Memo from Agency Investigators, dated 3/12/2025, logging the PREA investigations from 2024 2. Allegations overview completed by PREA Coordinator, dated 4/8/2025 3. Form titled, "Mt. Meigs Sexual Assault Grievances" 4. PAQ for 115.322 5. Eight (8) administrative investigation reports (received during corrective action period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. PREA Compliance Manager 3. Administrative Investigator 1 4. Administrative Investigator 2 5. Criminal Investigator 6. Resident RSA <p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>XIII. Criminal and Administrative Investigations (§115.371)</p> <p>ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct</p>

that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of sexual abuse and sexual harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website. The following shall occur:

1. When the Facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
2. All investigators assigned to conduct Sexual Abuse and Sexual Harassment allegations shall receive special training in sexual abuse investigations involving juvenile victims. Refer to Section I, B page 5 of these rules and procedures.
3. 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.
4. Facilities shall not terminate an investigation solely because the source of the allegation recants the allegation.
5. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Juvenile or Staff. No Facility shall require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
6. The investigator initiates the request for a forensic medical examination via telephone to the Memorandum of Understanding (MOU) designated Rape Crisis Center/hospital when evidence appears to support it.
7. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
8. 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.
9. The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution.
10. The investigator shall make the request for law enforcement to conduct a criminal investigation via a documented telephone contact.
11. Facilities shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus 5 years, unless the abuse was committed by a Juvenile and applicable law requires a shorter period of retention.

12. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
13. When outside agencies investigate sexual abuse, facilities shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the ongoing investigation.
14. At the conclusion of all PREA investigations, the investigator shall complete PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment and submit it to the facility PREA compliance monitor for processing with the Juvenile.
15. There shall be determined outcomes-substantiated, unsubstantiated, or unfounded for all PREA investigations.
16. Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated.

Document summary:

Although logs were provided and the PAQ indicating administrative investigations were conducted, documented reports were not submitted for the audit.
Determination of compliance cannot be made.

Interview summaries:

The Campus Administrator reported the agency investigators inspect allegations of sexual abuse. Communication between facility administration and the Agency Investigators is constant and updates are regularly received.

The PREA Compliance Manager reported the facility has regular communication with the agency investigators. This communication normally involves the Campus Administrator and Agency Leadership.

Administrative Investigator 1 confirmed receiving specific training within two (2) weeks of employment, which is repeated annually. Investigator Training was provided online, through the National Institute of Corrections. A previous 3-day training course was described, where it covered different scenarios, interviews, and credibility assessments.

Administrative Investigator 2 also reported receiving training a few years back. The Investigator Training was provided online through the NIC and was received when first hired. The previous 3-day training was described, where it covered the same areas discussed by Administrative Investigator 1.

Both Administrative Investigators reported the training topics included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity Warnings, evidence collection, and criteria/evidence required to substantiate a case for administrative or prosecution referral. Investigations are conducted immediately. Once the allegation is received, contact with facility personnel is made, coordinating the investigative efforts. Third party reports of sexual abuse and sexual harassment are investigated the same as a first-person report, being initiated after receiving notification from the facility. Evidence both investigators would be responsible for gathering include incident reports, video footage, and investigative interviews.

Potentially criminal evidence will be collected and preserved, then forwarded to law enforcement using a chain of custody report. Once the case is transferred to law enforcement, administrative interview efforts are stopped. However, if the evidence is discovered during an administrative investigation, and law enforcement is not involved, Agency General Counsel is consulted before making any additional steps. When judging credibility, both Administrative Investigators still conduct interviews, relying on the presented evidence/testimony. Polygraph examinations are not utilized. It was consistently reported that cases are only referred to law enforcement/prosecution when the evidence suggests it.

When an alleged staff member's employment is terminated, the investigation will continue, though possible difficulties are acknowledged. The same investigative steps would apply if the alleged victim is no longer at the facility. Investigations still occur even if the alleged victim recants the allegation.

If an outside agency investigates an incident of sexual abuse within the facility, both investigators reported they would cooperate and forward any information they may have.

During administrative investigations, both Administrative Investigators reported they will review the evidence and conduct interviews to determine if staff neglect contributed to incidents of sexual abuse. The Campus Administrator will be alerted if any staff neglect/misconduct is determined.

Administrative investigation reports are documented, including all investigative steps. The administrative investigation reports are approved.

A Montgomery County Sheriff Department (MCSD) investigator was interviewed for this standard. The expectation between both agencies is that MCSD is notified immediately when a sexual abuse incident requiring law enforcement intervention has occurred. If immediate contact to MCSD has been made, the alleged victim would receive SAFE/SANE services through their agency. A criminal investigation would still occur if there were a status change with the alleged victim or alleged perpetrator, no matter if the aggressor is another peer or staff member. If the investigation is turned over to MCSD, an investigative outcome would be communicated to DYS investigators. MCSD will advise DYS investigators to suspend their investigation while a criminal investigation is active. All criminal investigations are documented and tracked. It was noted MCSD has their own audits which includes record keeping. The victim would remain updated of the investigation outcome.

Site Review:

The physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards are securely stored. Methods used to assure security include controlled access buildings that require key entries and staff-controlled access. Office keys are assigned to certain personnel and key check-in process are in place. Protocols are in place to assure secure retention of sensitive records/information. Only authorized and assigned individuals are able to access this information, which is only communicated/transferred on a

	<p>need-to-know basis. Residents are restricted from accessing areas where records are maintained.</p> <p>Corrective Action Period:</p> <p>Consistent with the PAQ, all eight (8) administrative investigation reports were submitted for review. Five (5) were categorized as 'youth sexual misconduct', two (2) were categorized as 'youth sexual abuse', and one (1) categorized as 'youth sexual harassment.' Investigative outcomes were either 'unfounded', 'unsubstantiated', or 'substantiated.' The investigations were conducted by agency investigators, who are trained in accordance with 115.334, as noted within the PREA Regulatory Guidelines. It was noted the investigations were in response from staff informational reports and/or those directly from the alleged victim.</p> <p>Investigations were observed to be initiated within a week of receiving the allegation. Staff informational reports, obtained witness statements, and supporting evidence were detailed within the investigation reports. Alleged victim and alleged perpetrator credibility was considered on a case-by-case basis.</p> <p>There were no criminal investigations reported in the PAQ. The agency investigators stated several years had passed since a sexual abuse incident was referred for criminal investigation. This information was echoed by the criminal investigator who was interviewed.</p> <p>Resident RSA was interviewed during the follow-up visit. When asked if investigators required he submit to a polygraph test, Resident RSA responded "no."</p>
--	---

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative Investigator 1 2. Administrative investigator 2 <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XIV Standards of Proof for Administrative Investigations and Reporting to Juveniles (§115.372-373)</p> <p>A. Following an investigation into a Juvenile's allegation of Sexual Abuse by a staff member, the investigator/designee shall inform the Juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded whenever the staff is no longer assigned within the juvenile's living unit; no longer employed in the facility; has been indicted or convicted on a charge of sexual abuse within the facility.</p> <p>B. Juveniles who have been the victim of a Sexual Abuse and Sexual Harassment</p>

	<p>shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcomes. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification.</p> <p>C. The Facility obligation to provide notification of determined outcome shall terminate if the Juvenile is released from the agency's custody.</p> <p>D. If the Facility did not conduct the investigation, the investigator shall request the relevant information from the investigative Agency in order to inform the Juvenile.</p> <p>E. Following a Juvenile's allegation that he or she has been Sexually Abused by another Juvenile, the Facility shall subsequently inform the alleged victim whenever the Facility learns that the alleged abuser has been indicted and/or convicted on a charge related to Sexual Abuse within the Facility.</p> <p>Interview summaries: Both Administrative Investigators interviewed reported relying on evidence such as video footage, physical evidence, reports, and interviews to substantiate an allegation. Resident victims are reported as being notified by facility personnel when an investigation is complete.</p>
--	--

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Memo from Agency Investigators, dated 3/12/2025, logging the PREA investigations from 2024 2. Allegations overview completed by PREA Coordinator, dated 4/8/2025 3. Form titled, "Mt. Meigs Sexual Assault Grievances" (which listed 22 grievances alleging sexual conduct, but not considered to rise to level of sexual abuse and/or sexual harassment) 4. PAQ for 115.322 5. Eight (8) administrative investigation reports (provided during corrective action period) 6. Six (6) completed youth investigation outcome notification forms 7. Updated agency investigation form (corrective action period) 8. Updated notification of investigative outcome (corrective action period) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. Agency PC 3. Resident RSA (during follow-up onsite visit)

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

XIV Standards of Proof for Administrative Investigations and Reporting to Juveniles (§115.372-373)

A. Following an investigation into a Juvenile's allegation of Sexual Abuse by a staff member, the investigator/designee shall inform the Juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded whenever the staff is no longer assigned within the juvenile's living unit; no longer employed in the facility; has been indicted or convicted on a charge of sexual abuse within the facility.

B. Juveniles who have been the victim of a Sexual Abuse and Sexual Harassment shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcomes. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification.

C. The Facility obligation to provide notification of determined outcome shall terminate if the Juvenile is released from the agency's custody.

D. If the Facility did not conduct the investigation, the investigator shall request the relevant information from the investigative Agency in order to inform the Juvenile.

E. Following a Juvenile's allegation that he or she has been Sexually Abused by another Juvenile, the Facility shall subsequently inform the alleged victim whenever the Facility learns that the alleged abuser has been indicted and/or convicted on a charge related to Sexual Abuse within the Facility.

Document summary:

Although logs were provided and the PAQ indicating administrative investigations were conducted, documented reports were not submitted for the audit.

Determination of compliance cannot be made.

Interview summaries:

In an allegation of sexual abuse, where the outcome has been determined to be substantiated, unsubstantiated, or unfounded, the Campus Administrator reported clinicians are assigned to notify the resident victim of the finding.

Resident RSA reported his allegation was against another resident, which was not forwarded to criminal investigators (addressed at agency level).

Corrective Action Period:

Eight (8) administrative investigation reports were reviewed. Of these eight (8) investigations, there were six (6) youth investigation notification forms submitted for review. The investigations stemmed from either youth sexual misconduct or youth sexual harassment allegations. The outcomes for these cases were unsubstantiated.

Outcomes for the 22 grievances alleging sexual conduct were requested by the auditor during the post onsite phase of the audit. The agency PC conveyed that facility assigned youth advocates look into these grievances and assign an outcome.

	<p>When the grievance outcomes were initially requested, the agency PC stated the advocates were verbally reviewing with the youth, but not obtaining a signature confirming the grievance was reviewed. The agency PC stated that a grievance outcome form was being corrected. During the follow-up onsite visit, the agency PC provided an updated investigative form. This form is aimed to illustrate that a sexual misconduct allegation was escalated and reviewed by an agency investigator, demonstrating the allegation was reviewed and approved to be addressed through the grievance process. Due to the grievance being reviewed at the agency level, the agency PC will be able to track the sexual misconduct grievance outcome with the assigned advocate, assuring proper outcome notification will occur. The facility advocate has been provided an updated form to demonstrate that the sexual misconduct grievance outcome was reviewed with the resident.</p>
--	--

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XX. Disciplinary Sanctions for Staff For Violating Sexual Abuse/Harassment Policies (§115.376) A. Staff shall be subject to disciplinary sanctions up to and including termination for violating Facility Sexual Abuse or Sexual Harassment policies. B. Termination shall be the presumptive disciplinary sanction for staff who has engaged in Sexual Abuse. C. Disciplinary sanctions for violations of Agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. D. All terminations for violations of Agency Sexual Abuse or Sexual Harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p>

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XXII Corrective Actions for Contractors and Volunteers (§115.377) Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with Juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Interview summaries: The Campus Administrator reported volunteers and contractors are removed from providing services to residents if they commit any violation of agency sexual abuse or sexual harassment policies. The allegation would initially be looked into, with reassignment/removal from the campus would occur during the investigation. If the allegation is substantiated, the volunteer/contractor would not be allowed to return.</p>
--	--

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Campus Administrator 2. Mental Health Clinician (MHC) 3. Onsite Nurse <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XXI. Interventions and Disciplinary Sanctions for Juveniles (§115.378) A. A Juvenile may be subject to disciplinary sanctions by the Facility disciplinary committee only pursuant to a formal disciplinary process following an administrative finding that the Juvenile engaged in Juvenile-on-Juvenile Sexual Abuse or following a criminal finding of guilt for Juvenile-on-Juvenile Sexual Abuse. B. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the Juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other Juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a Juvenile, facilities shall not deny the Juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using PREA Form 115.342.1 Isolation Activity Log. C. The Facility disciplinary committee shall consider whether a Juvenile's mental</p>

	<p>disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The disciplinary committee may want to consult with the Juvenile's case manager for additional information on the Juvenile's mental status before imposing a sanction.</p> <p>D. If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility shall consider whether to offer the offending Juvenile participation in such interventions. The Facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to receive general programming or education.</p> <p>E. Facilities may discipline a Juvenile for Sexual Conduct with staff only upon a finding that the staff member did not consent to such conduct.</p> <p>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.</p> <p>G. DYS prohibits all sexual activity between Juveniles and may discipline Juveniles for such activity. DYS, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity was consensual.</p> <p>Interview summaries:</p> <p>The Campus Administrator reported residents can be charged for sexual abuse, especially if there is a significant age difference. Other consequences would include longer treatment/rehabilitation, removal of privileges, extension of facility commitment, reassignment from general population. Mental disability/mental illness is considered when determining sanctions. Resident sanctions are proportionate to the nature and circumstances of the abuses committed. Disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories are also taken into consideration. On a case-by-case basis, isolation for the aggressor is also used as a disciplinary sanction.</p> <p>The MHC reported that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The services are both incentive based and part of treatment.</p> <p>The Onsite Nurse and MHC reported residents in isolation continue to receive services. Residents in Isolation see a physician at least once a week and prescribed medication is provided daily. The MHC reported individual services are provided to the residents at least twice a week.</p>
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews:

1. Onsite Nurse
2. Mental Health Clinician (MHC)
3. MHC Screener
4. PV 1
5. PV 2
6. PV 3

Policy review (Alabama DYS PREA Regulatory Guidelines):

Policy and Procedures 13.8.1

IV. Screening for Sexual Assault and/or Sexual Victimization (§115.341)

K. Juveniles needing more intense therapy shall be referred to the Facility psychologist/mental health professional for additional services. Juveniles identified as high risk with a history of assaultive and/or predatory behavior, or at risk for Sexual Victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the Facility psychologist/contract mental health professional.

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

M. Medical and mental health practitioners shall obtain informed consent from Juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18, using PREA Form 115.381 Clinical Services Treatment Consent Form.

Interview summaries:

The Onsite Nurse and MHC reported obtaining informed consent from residents before reporting prior sexual victimization that did not occur in an institutional setting. The Onsite Nurse stated the case managers more often have already provided/reported this information, prior to the medical visit; however, noted all mandatory reporting would still occur. The MHC stated the informed consent would not apply if the client were still considered a minor.

The MHC Screener reported that residents who have experienced prior sexual victimization would be offered a follow-up meeting with a medical and/or mental health practitioner. The follow-up would occur within 24-48 hours. If the prior victimization took place in the community, the MHC Screener indicated a report would be made to the state Department of Human Resources. The same protocol would apply if it is learned that resident previously perpetrated sexual abuse.

Three (3) residents who disclosed prior sexual victimization were interviewed. PV 1 reported seeing a doctor after making his disclosure at intake. PV 2 could not recall, but remembered seeing a doctor within the next week after making his disclosure. PV 3 stated he did not initially receive a doctor visit, but told another staff who reported the concern.

	<p>Site Review:</p> <p>The physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards are securely stored. Methods used to assure security include controlled access buildings that require key entries and staff-controlled access. Office keys are assigned to certain personnel and key check-in process are in place. Protocols are in place to assure secure retention of sensitive records/information. Only authorized and assigned individuals are able to access this information, which is only communicated/transferred on a need-to-know basis. Residents are restricted from accessing areas where records are maintained.</p>
--	--

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Onsite Nurse 2. Mental Health Clinician (MHC) 3. Teacher 2 4. Resident RSA <p>Interview summaries:</p> <p>The Onsite Nurse and MHC reported resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The services were reported as being provided immediately. The nature and scope of these services are determined according to both individuals' professional judgement. The Onsite Nurse, in conjunction with the contracted hospital would assure victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>Although teachers are DYS employees, an interview was conducted to assess knowledge of PREA expectations. Teachers do not have the same certification as direct care staff. Teacher 2 discussed the importance of properly reporting incidents of sexual abuse and sexual harassment. If an allegation was received from a resident victim, Teacher 2 knew that separation would need to be ensured, and that efforts to preserve any evidence should begin immediately. Security staff would be contacted to aid the separation and preservation efforts. The alleged victim's safety would be the priority.</p> <p>Resident RSA was interviewed during the follow-up onsite visit. After making his allegation, Resident RSA reported he did not require a visit to the infirmary. However, Resident RSA acknowledged staff would have arranged a visit if his needs required it, noting a previous, unrelated incident.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Onsite Nurse 2. Mental Health Clinician (MHC) 3. Resident RSA <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XVI. Medical Responsibilities Following an Allegation of Sexual Abuse (§115.321) *Please refer to additional policies transcribed in the specific standard discussion for §115.321 B. Treatment of Alleged Victims Later than 72 Hours After an Incident (§115.383) 1. On-site nursing assessment for possible medical issues for sexual assault victims shall occur upon notification of an incident, with referral made to the Facility contract physician for needed treatment and follow-up care. Outside referral for emergency treatment may occur as dictated by a Juvenile's medical condition per established medical policy. Local law enforcement may request that facilities send the Juvenile to a community health care provider for examination and forensic evidence collection. Facilities shall cooperate with such requests. 2. On-site nursing staff shall ensure that the Juvenile victim and the Aggressor, if a Juvenile, shall receive testing to include, but not be limited to: Gonorrhea, Chlamydia, Syphilis, Hepatitis B, HPV, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the contract physician.</p> <p>Interview summaries:</p> <p>The Onsite Nurse and MHC reported the medical and mental health services are consistent with the community level of care. The MHC reported evaluation and treatment of resident victims include acute care and assessment of risk. Safety would be coordinated with the facility. The resident victim would have the ability work with a clinician and build familiarity. Though both are assigned to male facility, it is believed resident victims would immediately be given timely information and access to lawful pregnancy-related services. The MHC reported all known resident-on-resident abusers are immediately offered and provided treatment, especially those committed to the on-campus sex offender program.</p> <p>Resident RSA reported not visiting the infirmary after making his allegation. However, it was noted the ability to do so if there was a need, noting a previous and unrelated experience. Resident RSA reported having contact with his mental health clinician after making the allegation, which was ongoing. To his knowledge, Resident RSA nor his family have been billed for treatment received through the facility.</p>

115.386	Sexual abuse incident reviews
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 588 376">Documents reviewed:</p> <ol data-bbox="280 383 1339 416" style="list-style-type: none"> 1. Six (6) incident review forms (submitted during corrective action period) <p data-bbox="280 454 437 488">Interviews:</p> <ol data-bbox="280 495 1091 613" style="list-style-type: none"> 1. Campus Administrator 2. PREA Compliance Manager 3. Incident Review Team (Mental Health Clinician or MHC) <p data-bbox="280 651 1094 685">Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p data-bbox="280 692 687 725">Policy and Procedures 13.8.1</p> <p data-bbox="280 732 1064 766">XXIII Sexual Abuse/Assault Incident Reviews (§115.386)</p> <p data-bbox="280 772 1476 936">A. The Facility PREA monitor shall conduct a Sexual Abuse incident review using PREA Form 115.386 Sexual Abuse Critical Incident Review at the conclusion of every Sexual Abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p data-bbox="280 943 1347 1021">B. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="280 1028 1457 1106">C. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="280 1113 641 1146">D. The review team shall:</p> <ol data-bbox="280 1153 1461 1816" style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, Transgender, or Intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the Facility; 3. Examine the area in the Facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the Facility head and DYS/contract service provider PREA Coordinator. 7. The Facility shall implement the recommendations for improvement or shall document its reasons for not doing so. <p data-bbox="280 1854 577 1888">Document summary:</p> <p data-bbox="280 1895 1471 1973">Previous standard discussions and the PAQ indicated that retaliation monitoring was conducted; however, supporting documentation was not provided for audit.</p> <p data-bbox="280 1980 1070 2013">Compliance determination cannot be made at this time.</p> <p data-bbox="280 2051 587 2085">Interview summaries:</p>

	<p>The Campus Administrator reported the facility has a sexual abuse incident review (SAIR) team. The team includes the Campus Administrator, PREA Compliance Monitor, PREA Coordinator, clinical staff, supervisor, and agency investigators. The Campus Administrator likened the SAIR team meeting to a critical incident review. Items such as training needs, potential blind spots, policy changes, staffing needs, and possible motivation for the incident are discussed. All standard required items/topics are discussed/covered during SAIR team meetings.</p> <p>The PREA Compliance Manager reported data and incident reports are constantly reviewed to determine where improvement is needed and identify any potential trends. The facility operates according to Performance Base Standards, which focus on effective and safe rehabilitation for in custody youth. SAIR meetings are usually done in a group, including the Campus Administrator, PREA Coordinator, PREA Compliance Manager, Case Managers, Clinicians, direct care staff, and investigators. The PREA Compliance Manager receives a copy of the SAIR team report, which is then reviewed to determine if any suggested protocol changes/implementations are needed.</p> <p>The MHC reported the SAIR meeting considers whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or other caused by other group dynamics. The area in the facility where the incident allegedly occurred is assessed to determine whether physical barriers may have enabled the abuse. Staffing levels in the area of concern are assessed, as well as whether monitoring technology should be deployed or augmented to supplement supervision. SAIR meetings occur typically after a PREA investigation, involving the PREA Coordinator, Clinical Team, direct care staff, and DYS investigators.</p> <p>Corrective Action Period:</p> <p>The facility submitted seven (7) completed sexual abuse incident review forms. While reviewing these forms, it was observed the facility conducted incident review meetings for not only sexual abuse, but also sexual misconduct and sexual harassment. The reviews corroborated that these meetings occur monthly, meant to capture any incidents that may fall with the expected time frame of thirty (30) days after an investigation. The review team included facility administration, line supervisors, and clinical staff. The review team considers each factor in 115.386(d). Recommendations for improvement, or justification for not doing so, in accordance with 115.386(e) are included in the team meetings.</p>
--	---

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents reviewed:

	<p>1. 2023 SSV V document</p> <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XXV. Data Collection (§115.387) A. Facilities shall collect accurate, uniform data for every allegation of Sexual Abuse at facilities under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions. B. Facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report. C. Facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and Sexual Abuse incident reviews. D. The Agency PREA Coordinator also shall obtain incident-based and aggregated data from every private Facility with which it contracts for the confinement of its Juveniles. E. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department's Survey of Sexual Violence, Form SSV-5.</p> <p>Document Summary: The most recent SSV form was provided for review, during which no concerns were noted. This data is also included in the PREA Annual reports located on the agency website.</p>
--	---

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents reviewed: 1. PREA Annual Reports from 2020 - 2023</p> <p>Interviews: 1. Executive Director 2. PREA Coordinator 3. PREA Compliance Manager</p> <p>Policy review (Alabama DYS PREA Regulatory Guidelines): Policy and Procedures 13.8.1 XXVI Data Review for Corrective Action (§115.388) A. The Agency PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the Agency Sexual Abuse prevention, detection, and response policies and practices, and training including: I. Identifying problem areas;</p>

	<p>2. Taking corrective action on an ongoing basis; and</p> <p>3. Preparing an annual report of findings and corrective actions for each Facility, as well as the Agency as a whole.</p> <p>B. The Agency annual PREA report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Agency's progress in addressing Sexual Abuse.</p> <p>C. Each Agency's annual PREA report shall be approved by the Agency Executive Director and made readily available to the public through its website.</p> <p>D. The Agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a Facility, but must indicate the nature of the material redacted.</p> <p>Document summary:</p> <p>This auditor reviewed the Agency PREA website (https://dys.alabama.gov/prea). The Annual reports from 2020-2023 were observed to be present.</p> <p>Interview summaries:</p> <p>The Executive Director reported sexual abuse data has been used to assist staff training efforts, such as knowing where to increase supervision and aid prevention efforts. The incident reporting system allows patterns to be detected and assess the vulnerability of certain settings. Annual data reviews are in place, which typically occur in the month of August.</p> <p>The PREA Coordinator reported an annual report is prepared using the aggregated data. A subsequent meeting is held with the Executive Director to discuss any response protocols/implementations, if necessary. The information is posted on the agency website and each facility maintains a copy of the report. The data is securely retained electronically, with the exception of what is posted publicly. Personal identifiable information is typically redacted from the annual report, only containing numerical data. It was noted incident dates are not included.</p> <p>The PREA Compliance Manager reported data and incident reports are constantly reviewed to determine where improvement is needed and identify any potential trends. The facility operates according to Performance Base Standards, which focus on effective and safe rehabilitation for in-custody youth.</p>
--	---

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <p>1. PREA Annual Reports from 2020 - 2023</p> <p>Interviews:</p> <p>1. PREA Coordinator</p>

	<p>Policy review (Alabama DYS PREA Regulatory Guidelines):</p> <p>Policy and Procedures 13.8.1</p> <p>XXVII Data Storage, Publications, and Destructions (§115.389)</p> <p>A. The Agency PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003.</p> <p>B. DYS shall make all aggregated Sexual Abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.</p> <p>C. Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers.</p> <p>D. All case records associated with claims of Sexual Abuse, including incident reports, investigative reports, Juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the Agency record retention schedule or at least ten (10) years after the date of initial collection.</p> <p>Document summary:</p> <p>This auditor reviewed the Agency PREA website (https://dys.alabama.gov/prea). The Annual reports from 2020-2023 were observed to be present.</p> <p>Interview summaries:</p> <p>The PREA Coordinator reported an annual report is prepared using the aggregated data. A subsequent meeting is held with the Executive Director to discuss any response protocols/implementations, if necessary. The information is posted on the agency website and each facility maintains a copy of the report. The data is securely retained electronically, with the exception of what is posted publicly. Personal identifiable information is typically redacted from the annual report, only containing numerical data. It was noted incident dates are not included.</p> <p>Site Review:</p> <p>The physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards are securely stored. Methods used to assure security include controlled access buildings that require key entries and staff-controlled access. Office keys are assigned to certain personnel and key check-in process are in place. Protocols are in place to assure secure retention of sensitive records/information. Only authorized and assigned individuals are able to access this information, which is only communicated/transferred on a need-to-know basis. Residents are restricted from accessing areas where records are maintained.</p>
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Site Review:</p> <p>The facility provided photos of posted audit notices on 2/18/2025. As illustrated in the submitted photos, the audit notices were observed as being posted throughout the facility, including housing units, educational buildings, the infirmary, and various common areas. Notices were observed in locations accessed by the public. English and Spanish audit notices were observed as posted, using paper that is easily distinguished from normal correspondence that is displayed. In speaking with staff and residents, the audit notices had been posted a few weeks prior to this auditor's arrival.</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor checked Agency website https://dys.alabama.gov/prea</p> <p>Audit reports from 2016, 2019, and 2022 were present.</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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is 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.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes