

PREA Facility Audit Report: Final

Name of Facility: Autauga Campus

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/13/2026

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: Rosa L. Webb

Date of Signature: 04/13/2026

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 02/25/2026

End Date of On-Site Audit: 02/26/2026

FACILITY INFORMATION

Facility name: Autauga Campus

Facility physical address: 1601 County Road 57, Prattville, Alabama - 36067

Facility mailing address: 1601 County Road 57, Prattville,

Primary Contact

Name:	Cornelius Williams-Fenderson
Email Address:	cornelius.williams-fenderson@dys.alabama.gov
Telephone Number:	3345956508

Superintendent/Director/Administrator	
Name:	Alicia Faire
Email Address:	alicia.faire@dys.alabama.gov
Telephone Number:	334-312-0423

Facility PREA Compliance Manager	
Name:	Cornelius Fenderson
Email Address:	cornelius.williams-fenderson@dys.alabama.gov
Telephone Number:	334.207.1272

Facility Health Service Administrator On-Site	
Name:	Danny Ingram
Email Address:	dingrammd82@gmail.com
Telephone Number:	334-313-5315

Facility Characteristics	
Designed facility capacity:	39
Current population of facility:	26
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	12-18
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	32
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

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

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

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

Number of standards exceeded:

7

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.315 - Limits to cross-gender viewing and searches
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care

Number of standards met:

36

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:	2026-02-25
2. End date of the onsite portion of the audit:	2026-02-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	One Place Family Justice Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	39
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	25
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:	0
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:	0

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:	0
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:	0
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:	32
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:	8

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:	1
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:	9
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor requested a resident roster on the first day of the onsite visit and selected the residents to be interviewed. This was an all male facility so no female residents were interviewed.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ 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):	There were no barriers.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
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".	
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.

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:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	13

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ 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):	There were no barriers.
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):	16
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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).	The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the first day of the visit, accompanied by the Campus Administrator, PREA Coordinator, Compliance Manager, Executive Director, HR staff and education staff. The living areas for the residents was located inside of the main building. There were a total of 25 residents in this all male group home. The auditor was given access to the cameras and observed the different camera angles to ensure there were no identifiable blind spots that had not had cameras requested. During the site review the auditor noted PREA audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor tested the following critical functions: • Internal reporting methods for confined persons (grievance procedure) • External reporting methods for confined persons (Hotline) • Access to outside emotional support services (One Place Family Justice Center) • Third-Party Reporting (calling the number provided on the posters and the website)
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?	☒ Yes ☐ No

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

The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records. The resident documents reviewed included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation. The facility and the Alabama Department of Youth Services provided documentation as requested throughout the audit process.

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Sexual Harassment Investigation Outcomes

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

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	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no reported allegations of sexual abuse in the past 12 months, therefore, there were no investigation files to review.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
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?	☐ Yes ☐ No ☒ 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?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment in the past 12 months, therefore, there were no investigation files to review.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
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 no reported allegations of sexual abuse or sexual harassment in the past 12 months, therefore, there were no investigation files to review.

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 LLC

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Autauga Campus Organizational Chart (effective 01/2025) - Interview with Agency PREA Coordinator - Interview with PREA Compliance Manager - Observations Made During Onsite Visit Reasoning and analysis by provision: 115.311 (a) PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a

policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 1): The Alabama Department of Youth Services, in compliance with the Prison Rape Elimination Act of 2003, has established a zero tolerance for incidents of Juvenile Sexual Abuse and Assault, Rape or Sexual Harassment in any DYS or contract service provider facilities.

Observations made during the onsite review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, gym, recreation area, living areas, in all common areas, and in the school area.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 1): Agencies shall designate an Agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA standards in all of their facilities.

Autauga Campus Organizational Chart: The agency PREA coordinator position is a program specialist and reports to the agency's executive director and has access to the agency's most senior leadership.

Interview with the PREA coordinator: The PREA coordinator stated that overall, they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. They stated the executive director gives them whatever is needed to get the job done. The PREA coordinator oversees PREA standard implementation to 3 facility PREA compliance managers. They communicate mostly with them by email, or they have meetings at central office or different locations. If there is an issue with compliance, they stated they talk with the executive director, the campus administrators, and the compliance managers. The issues are usually met on the campus of the facility.

Reasoning and analysis by provision: 115.311 (c)

	PAQ: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 1): Each Facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards. Autauga Campus Organization Chart: The PREA compliance manager is a youth services specialist and is listed on the organizational chart and reports to both the PREA coordinator and the campus administrator. Interview with the PREA compliance manager: The PREA compliance manager indicated they have sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA Standards. They stated they have been the PREA compliance manager since they started at the facility five and a half years ago. The compliance manager stated they conduct annual campus-wide training with all staff; make sure that students intakes are completed within 24 hours and ensure that resident education is ongoing with making sure PREA posters, and written response plans are posted throughout various locations in the facility. The compliance manager also works with the medical staff to make placements for the youth that are vulnerable and complete an annual facility assessment. If they identify an issue with compliance, they meet with the campus administrator, addressing it at the campus level as much as possible. In addition, they will notify the PREA coordinator. Finding: Based on this analysis, the facility substantially exceeds with the provisions for this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Agency Contract Administrator Staff

Reasoning and analysis by provision: 115.312 (a)

PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards.

- The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 9
- The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 1): All DYS and contract service provider facilities with whom DYS contracts for the confinement of juveniles will be audited by a certified PREA Auditor according to the PREA Audit schedule, and found compliant following the 180 day corrective action plan in order for DYS to be able to continue to utilize their services.

Reasoning and analysis by provision: 115.312 (b)

PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards.

- Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 1): All DYS and contract service provider facilities with whom DYS contracts for the confinement of juveniles will be audited by a certified PREA Auditor according to the PREA Audit schedule, and found compliant following the 180 day corrective action plan in order for DYS to be able to continue to utilize their services

Interview with Agency Contract Administrator Staff: The agency level contract administrator confirmed the agency, and facility does contract with other entities for the confinement of residents and the PREA language is written into its contracts. The agency level contract administrator is also the PREA coordinator and continually monitors confinement facilities for PREA compliance on an annual basis. Copies of the audits for the current nine contracted facilities are uploaded onto the Alabama DYS website.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022)
- Autauga Staffing Assignment for 2023, 2024, and 2025
- Annual Vulnerability Assessment 2025
- Unannounced facility visits (rounds) form and logs dated 2025
- Interview with Campus Administrator
- Interview with PREA Compliance Manager
- Interview with Intermediate or Higher-Level Facility Staff
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.313 (a)

PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- The average daily number of residents in the past 12 months: 0
- The average daily number of residents on which the staffing plan was predicated: 0.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 25 and 26): 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.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 26): 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. 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. 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. The Facility administrator shall prioritize issues to be addressed.

Annual Vulnerability Assessment 2025: The auditor reviewed the annual vulnerability assessment conducted by the PREA coordinator.

Autauga Staffing Assignments 2023, 2024 and 2025: The auditor reviewed the staffing plans for 2023, 2024 and 2025 and confirmed that it met the 11 requirements of the standard.

Interview with campus administrator: The campus administrator stated that a staffing plan is completed monthly. They stated that the facility also does a staffing schedule and a daily roster. There is also a security affidavit completed on every shift. The facility is required to look at their staffing ratios daily. Video monitoring is part of the staffing plan and in several other reports as well. The staffing plan is documented and stored electronically. The facility follows the 11 requirements listed in the standard and utilizes multiple areas to meet them. They have a staffing pattern, and a facility vulnerability assessment, at least once per year. The campus administrator stated that the plans are reviewed to ensure compliance.

Interview with PREA compliance manager: The facility considers all 11 of the requirements outlined in the standard. The facility follows the policies and procedures of the Alabama Department of Youth Services.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Interview with campus administrator: The campus administrator confirmed there have been no deviations from the staffing plan in the past 12 months. If there were any deviations, they would be documented.

Reasoning and analysis by provision: 115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 26): Staff/Juvenile ratios of a minimum of 1:8 during Juvenile waking hours and 1:12 during Juvenile sleeping hours shall be maintained, except during limited and discrete Exigent Circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Male and female staff ratios must be correctly maintained with at least one staff on every shift of the same sex as the juveniles housed in the unit.

Observations made during onsite visit: The standard states that there shall be a 1:8

staffing ratio during waking hours and 1:12 during sleeping hours by direct care staff. In formal and informal conversations with the campus administrator and random staff, it was noted that these ratios are being met.

Interview with the campus administrator: The campus administrator stated that PREA standard is 1:8 for waking hours and 1:16 for sleeping hours. The facility follows the Alabama DYS Policy and Procedures which state the ratios are 1:8 during waking hours and 1:12 during sleeping hours. The facility has not had any issues with meeting the staffing ratios.

Reasoning and analysis by provision: 115.313 (d)

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: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 25 and 26): 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.

Autauga Staffing Assignment 2023, 2024, and 2025: The auditor reviewed the staffing plans. The plans are completed at least annually.

Interview with the agency PREA coordinator: The plan is reviewed and updated annually. It is also reviewed when cameras are being added or there are any structural changes being made.

Reasoning and analysis by provision: 115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

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

Supervisory monitoring logs 2025: The auditor reviewed a sample of unannounced

	forms for the 2025 calendar year. They showed that the PREA unannounced rounds were regularly occurring on all three shifts. Interview with intermediate higher-level facility staff: Unannounced rounds occur on all shifts. The staff member stated that start at one point and move around the building, checking all areas. They go into the living areas, check the rooms, and interact with the residents and staff to see if there are any issues that need to be noted. The rounds are documented on the supervisory monitoring logs and in the unit logbooks. The staff member stated they do not call on the radio when the rounds are occurring. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - PREA Training 2026 - Interviews with Thirteen Random Staff - Interviews with Nine Random Residents - Observations Made During Onsite Visit Reasoning and analysis by provision: 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months: - The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 15): 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.

PREA Training 2026: Slides 33 through 38 address cross gendering viewing and searches.

Interviews with thirteen random staff: All thirteen random staff stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. They stated they could wand or do a visual search. Staff stated an exigent circumstance would be if there was an emergency and no member of the same gender was present to conduct the search.

Reasoning and analysis by provision: 115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 15): Facilities shall not conduct cross-gender pat-down searches except in Exigent Circumstances.

Interviews with nine random residents: All nine random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body or seen them fully naked.

Interviews with thirteen random staff: All thirteen random staff stated that they were restricted from conducting cross-gender pat-down searches except in exigent circumstances. They stated they could wand or do a visual search. Staff stated an exigent circumstance would be if there was an emergency and no member of the same gender was present to conduct the search.

Observations made during onsite visit: Only male staff performed searches of the male residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 15): 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.

Document Review: There was no documentation to be reviewed as the facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 15): Juveniles shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to routine room checks. In facilities (such as group homes) staff of the opposite gender are required to announce their presence when entering an area where Juveniles are likely to be showering, performing bodily functions, or changing clothing. Staff of the opposite gender to the juveniles are required to announce their presence when entering a Juvenile living unit. Since staff at all DYS and contract service providers are male and female gender, DYS procedures require that three cross gender announcements per day (one on each shift) be made to alert juveniles that another gender staff could be on the living unit at any time. Shift supervisors are responsible for making entries into the logbook on each living unit that the cross-gender announcements have been made at the beginning of first and second shift and upon juveniles being awakened on third shift. A suggested announcement is "female on the hall in a male Facility; and male on the hall in a female Facility".

Interviews with nine random residents: All nine random residents stated that staff of the opposite gender announce their presence when entering the housing unit. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that no member of the opposite gender had conducted a pat down search of them or seen them fully naked.

Interviews with thirteen random staff: All thirteen random staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Observations made during onsite visit: The residents can dress, shower and use the toilet without being viewed by staff of the opposite gender. Residents shower one at a time. Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located. The auditor reviewed the logbooks located on each unit and confirmed that it is also documented when staff

	of the opposite gender enter the unit. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Alabama Department of Youth Services brochure, English and Spanish Versions Alabama Department of Youth Services, Autauga Campus Youth Handbook English and Spanish Versions • Interview with Agency Head • Interviews with Random Staff • Interview with Resident Who Was Limited English Proficient Reasoning and analysis by provision: 115.316 (a) PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 10): Facilities shall provide Juvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Juveniles who have limited reading skills. Each Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with Juveniles with disabilities, including Juveniles who have

intellectual disabilities, limited reading skills, or who are blind or have low vision.

Interview with agency head: The agency makes PREA educational material and other informational material available in Spanish and Brail. For students with lower cognitive functioning, individualized educational and prevention efforts and extended to them.

Interview with resident who was limited English proficient: The resident stated that the facility would provide an interpreter if they needed it. They stated that materials are given to them in Spanish and that the handbook and brochures are in Spanish.

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 10): Facilities shall provide Juvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Juveniles who have limited reading skills. Each Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with Juveniles with disabilities, including Juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Document Review: The PREA brochures, flyers, handbook and resident education are available in both English and Spanish versions

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could

	compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 10): 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. Interviews with random staff: All of the random staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • PREA Requirements for Employee Form • Review of Random New Staff Background Checks • Interview with Administrative (HR) staff Reasoning and analysis by provision: 115.317 (a) PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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 the activity

described in paragraph (a)(2) of this section.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): 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.

PREA requirements for employees: The auditor reviewed the PREA Requirements for DJJ Staff and determined that they were all asked these questions and the agency prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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 the activity.

Interview with administrative (HR) staff: Before hiring employees who may have contact with residents, the agency will perform a criminal background records check; consult any child abuse registry maintained by the State or locality in which the employee would work.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): Incidents of Sexual Harassment, as defined by PREA, shall also be considered in all employment/promotional actions.

Interview with administrative (HR) staff: The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Reasoning and analysis by provision: 115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on

substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 32

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): Before hiring new employees who may have direct contact with juveniles, facilities shall perform a criminal background records check; consult any child abuse registry maintained by the State; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of Sexual Abuse or any resignation which occurred during a pending investigation of an allegation of Sexual Abuse. Applicants for employment with DYS, as well as all current employees, shall be required as a condition of employment or continued employment, to complete a request for a Child Abuse /Neglect Central Registry Clearance using Form DHRFCS-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.

Interview with administrative (HR) staff: Before hiring employees who may have contact with residents, the agency will perform a criminal background records check; consult any child abuse registry maintained by the State or locality in which the employee would work; and 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.

Reasoning and analysis by provision: 115.317 (d)

PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 1

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): 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.

The auditor reviewed the background information for the one contractor hired in the past 12 months.

Interview with administrative (HR) staff: Background checks are also completed on

all contractors.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 7 and 8): 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. 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.

Interview with administrative (HR) staff: The agency either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 8): As a 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 action. 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.

PREA Requirements for DJJ Staff form: The auditor reviewed the PREA Requirements for DJJ and documented that all applicants were required to answer questions about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have 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 have they been civilly or administratively adjudicated to have engaged in the activity. This is a self-evaluation form that is completed by the applicant or employee.

Random review of staff background checks: The auditor reviewed human resource files for and documented that this form is being completed as part of the hiring process.

Interview with administrative (HR) staff: The agency will also ask all applicants and employees who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency will impose upon employees a continuing affirmative duty to disclose any such misconduct.

Reasoning and analysis by provision: 115.317 (g)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 8): As a 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 action. 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.

Reasoning and analysis by provision: 115.317 (h)

PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former

	employee upon receiving a request from an institutional employer for whom such employee has applied to work. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 8): Facilities shall operate under a neutral reference policy and if inappropriate allegations are founded, the employee will receive a recommendation of no rehire that may be shared with an institutional employer for whom such employee has applied to work. Interview with administrative (HR) staff: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Agency Head • Interview with Campus Administrator Reasoning and analysis by provision: 115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 29): 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. Interview with agency head: When the agency engages in new construction or significant remodeling projects, DYS solicits and interviews architects and contractors who have experience with correctional structures and safety needs.

	They also consult with subject matter safety and operational experts for input into design and camera placement. The agency considers student movement and personal space to maximize safety while allowing for needed privacy outside common areas. Staff post placement and Facility Operating Procedures (FOPs) are written with student/ staff safety in mind. Interview with campus administrator: There have not been any renovations since the last audit. Reasoning and analysis by provision: 115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 29): 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. Interview with agency head: The agency makes use of cameras in all its' facilities and continues to monitor for additional need of enhancements through the critical incident review/ debrief process. If a blind spot is identified either through a safety assessment or the result of investigating an incident, recommendations are made by institutional services to IT for additional cameras. About 5 years ago the agency upgraded all their cameras from analogue to digital for better resolution. They are considering adding voice capacity to the cameras and piloting this in one of their facilities. Interview with campus administrator: Cameras are a part of any plans for expansion or renovation. The facility always considers whether there are blind spots when looking at the new for cameras and video technology. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022)

- MOU/Agreement with the Autauga County Sheriff's Department
- MOU with One Place Family Justice Center
- Interview with PREA Compliance Manager
- Interview with Medical Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They all stated that it was the responsibility of the law enforcement authorities to gather any usable evidence and that their responsibility was to preserve the scene.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): DYS/contract service provider facilities shall, when feasible, contract with Rape Crisis Centers to provide forensic medical examinations for victims of sexual assault. A forensic medical examination shall be requested by the assigned investigator/ designee. This shall occur within 72 hours of a Sexual Assault. Victims of Sexual Abuse shall be referred under appropriate security provisions to a designated Rape crisis center/hospital that has a MOU with the Facility for treatment and gathering of evidence. 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. Facilities shall attempt to make available to the victim, a Victim Advocate from the Rape Crisis Center.

Interview with Medical Staff: The facility does not conduct forensic examinations. The youth are taken to One Place Family Justice Center in Montgomery, Alabama where they will provide a qualified medical practitioner to conduct the exam.

Interview with SANE/SAFE Nurse: One Place Family Justice Center is the region's only Rape Crisis and Sexual Assault Nurse Examiner (SANE) Center. It is responsible for providing services to nine mostly rural counties. The services are free of charge and are always confidential.

Reasoning and analysis by provision: 115.321 (d)

PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 23 and 24): 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.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through One Place Family Justice Center. The Alabama Department of Youth Services maintains a MOU with them.

There were no residents who reported sexual abuse to be interviewed.

Reasoning and analysis by provision: 115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through One Place Family Justice Center. The Alabama Department of Youth Services maintains a MOU with them.

Reasoning and analysis by provision: 115.321 (f)

PAQ: If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check N/A if the agency/facility is responsible for administrative and criminal investigations.

MOU with the Autauga County Sheriff's Department: The Sheriff's Department shall: Provide an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues general; providing credentials pursuant to standard. Provide investigator that have received training in conducting investigations in confinement settings; including techniques for interviewing including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda & Garrity Warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims and suspected perpetrator. Provide training to its agents and investigators who conduct such investigations. Not terminate an investigation solely because the source of the allegation recants the allegation. Conduct compelled interviews only after consulting with prosecutors as to discuss whether compelled. interviews may be an obstacle for subsequent criminal prosecution. Assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determine credibility by the persons status as juvenile or staff. Not 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. Document in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Refer substantiated allegations of conduct that appears to be criminal for prosecution. Retain all written reports referenced in paragraphs (7) and (8) of standard 1 15.371 for as long as the alleged abuser is incarcerated or employed by the agency plus five years, unless the crime was committed by a juvenile and applicable laws requires a shorter period of retention. Not terminate an investigation if the alleged abuser or victim departs from the employment or control of the facility or agency. Cooperate with facility and shall inform agency administrator of the progress of the investigation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making the compliance determinations: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • MOU with the Autauga County Sheriff's Department • Interview with Agency Head • Interview with Investigative Staff Reasoning and analysis by provision: 115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0 • In the past 12 months, the number of allegations resulting in an administrative investigation: 0 • In the past 12 months, the number of allegations referred for criminal investigation: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 19): ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website. Interview with agency head: An initial administrative review with input from the PREA Coordinator will lead to a referral to DYS investigations unit to conduct a PREA

investigation. These referrals, investigations, reports and dispositions are logged into an investigations report and the findings or determination is recorded. These reports are monitored by the supervisor of Special Investigation Unit and reported to institutional leadership, PREA Coordinator, legal, and law enforcement if necessary. An allegation is made or suspected, the Special Investigations Unit assigns an investigator. An investigation is conducted by a PREA trained investigator. A final report is made to determine findings (Outcome Form). Based on findings administrative and/ or legal action to include mandatory reporting) is completed.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 19): ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website.

Interview with investigative staff: The Alabama Department of Youth Services Investigators do not have law enforcement powers. Anything that requires more than an administrative investigation is referred to the Montgomery Policy Department.

Reasoning and analysis by provision: 115.322 (c)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 19): ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual

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

MOU with the Autauga County Sheriff's Department: The Sheriff's Department shall: Provide an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues general; providing credentials pursuant to standard. Provide investigator that have received training in conducting investigations in confinement settings; including techniques for interviewing including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda & Garrity Warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims and suspected perpetrator. Provide training to its agents and investigators who conduct such investigations. Not terminate an investigation solely because the source of the allegation recants the allegation. Conduct compelled interviews only after consulting with prosecutors as to discuss whether compelled. interviews may be an obstacle for subsequent criminal prosecution. Assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determine credibility by the persons status as juvenile or staff. Not 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. Document in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Refer substantiated allegations of conduct that appears to be criminal for prosecution. Retain all written reports referenced in paragraphs (7) and (8) of standard 1 15.371 for as long as the alleged abuser is incarcerated or employed by the agency plus five years, unless the crime was committed by a juvenile and applicable laws requires a shorter period of retention. Not terminate an investigation if the alleged abuser or victim departs from the employment or control of the facility or agency. Cooperate with facility and shall inform agency administrator of the progress of the investigation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Staff training acknowledgement forms/training records • Employee Training curriculum • Interviews with Random Staff Reasoning and analysis by provision: 115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents. The agency trains 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. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1: (page 4): 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, childcare workers, shift supervisors, case

managers, social workers, psychologists, teachers, medical personnel (contract employees also), recreation specialists, and security. This specialized training will be offered in pre- service to all new employees, and annually in mandatory training. 1. Sexual abuse and sexual harassment training shall cover the following areas: a. DYS zero-tolerance Policy 13.8.1 on sexual abuse and sexual harassment. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Juvenile's right to be free from sexual abuse and sexual harassment; d. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in juvenile facilities; f. The common reactions of juvenile victims of sexual abuse and sexual harassment; g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles, h. How to avoid inappropriate relationships with juveniles; i. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles; and j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities k. Relevant laws regarding the applicable age of consent.

Employee Training Curriculum: The auditor reviewed the employee's training curriculum and confirmed that it meets the requirements of the standard.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent. All staff knew that the age of consent was 16 years old.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1: (page 5): 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.

Employee training curriculum: The auditor reviewed the training curriculum and confirmed that training is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training, and it is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1: (page 5): The agency shall provide each employee with refresher training every two years to ensure that all staff knows the agency's current sexual abuse and sexual harassment policies and procedures. In years in which staff does not receive refresher training, the agency PREA coordinator shall provide refresher information on current sexual abuse and sexual harassment detection and prevention practices.

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on-site visit. All staff have documented records of receiving PREA training annually.

There are no current employees who have not received at least the initial training.

Interviews with Random Staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.

Reasoning and analysis by provision: 115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1: (page 5): Facilities shall document, through employee signature that employees understand the training they have received. Documentation shall be maintained on PREA Form 115.331 Staff Receipt of PREA Training. (§115.331 Employee training).

Staff training acknowledgement forms/training records: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on-

	site visit. All staff have received all phases of the PREA training. The facility requires staff to sign the acknowledgement forms documenting that they understood the training they had received. Findings: Based on the analysis, the facility substantially exceeds the provisions for this standard.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • PREA Training Acknowledgment for Volunteers and Contractors • Interviews with Volunteer and Contractor Reasoning and analysis by provision: 115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 8 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 6 and 7): 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. Interviews with volunteer and contractor: The volunteer and contractor confirmed that they had been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure. Reasoning and analysis by provision: 115.332 (b) PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have

	been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): 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. Interviews with volunteer and contractor: The training addresses what is PREA and includes information about the agency's zero-tolerance policy and procedures of sexual harassment and sexual abuse. The training also provides information on how to report these incidents. Reasoning and analysis by provision: 115.332 (c) PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 7): Facilities shall maintain documentation confirming that volunteers and contractors understand the training they have received using PREA Form 115.332 Volunteer and Contractor Receipt of PREA Training. (§ 115.332 Volunteer and contractor training) PREA training acknowledgment for volunteers and contractors: The auditor reviewed the training acknowledgement form for contractors and confirmed that they had received the required training. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Pamphlets, Posters and Handbook, English and Spanish Versions

- Youth Acknowledgement Forms of Resident Education
- Interview with Intake Staff
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

- The number of residents admitted in the past 12 months who were given this information at intake: 96

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 9): During the intake process, juveniles shall receive information explaining the DYS zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Juveniles shall be given at intake a copy of DYS Pamphlet 115.333 "What You Should Know about Sexual Abuse and Assault". This pamphlet is also available in Spanish (PREA Pamphlet 115.333S) and in a version for lower functioning juveniles (PREA Pamphlet 115.333LF). This pamphlet shall be read by staff to all juveniles in groups or individually.

Pamphlets, posters and handbook in English and Spanish versions - The auditor reviewed the brochures, posters, and handbook to confirm that they provided PREA education.

Interview with intake staff: All residents are educated on PREA on the day they arrive at the facility. There is a student PREA form that defines sexual abuse and sexual harassment. The intake staff stated they go over it with the youth when they arrive. In addition, staff go over the zero-tolerance policy. The intake packet includes two pamphlets related to sexual abuse and sexual harassment, as well as instructions on how to report.

Interviews with random residents: All of the random residents interviewed confirmed that they received PREA education on the same day they arrived at the facility during the admission process. The residents stated that this information was provided verbally, in pamphlets and in the handbook.

Reasoning and analysis by provision: 115.333 (b)

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

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 96

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 9 and 10): 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 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.

Interview with intake staff: All residents are educated on PREA on the day they arrive at the facility. There is a student PREA form that defines sexual abuse and sexual harassment. The intake staff stated they go over it with the youth when they arrive. In addition, staff go over the zero-tolerance policy. The intake packet includes two pamphlets related to sexual abuse and sexual harassment, as well as instructions on how to report.

Interviews with random residents: All of the random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; how to report sexual abuse or sexual harassment and they had a right not to be punished for reporting sexual abuse or sexual harassment.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 9): 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

Interview with intake staff: All residents, new or transfers are educated on PREA when they arrive at the facility. Anytime a resident is admitted, they get the same information. It is part of the intake process and documented.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 10): Facilities shall provide huvenile orientation in formats accessible to all Juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills. Each facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with Juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with juveniles with disabilities, including Juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Observations made during onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

Reasoning and analysis by provision: 115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 10): Facilities shall maintain documentation of Juvenile participation in these orientation sessions using PREA Form 115.333 Juvenile Receipt of PREA.

Youth Acknowledgement of PREA education and PREA documentation: The auditor reviewed the signed youth acknowledgement of PREA education and documented forms for all current residents of the facility. The signed form documents that the residents have received the education and have understood the material they were given.

Reasoning and analysis by provision: 115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or

	other written formats. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 10 and): 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: 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 Observations made during onsite visit. The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, and common areas. and the school area. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Training certificates for investigators • Interview with Investigative Staff Reasoning and analysis by provision: 115.334 (a) PAQ - The agency does not conduct administrative or criminal sexual abuse investigations. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 5): In addition to the general training provided to all employees, 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. (PREA standard 115.334.d). Specialized training shall include: 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. (§ 115.334 Specialized Training: Investigations)

Interview with investigation staff: All members of the Alabama Department of Youth Services Special Investigation Unit receive specialized training. In addition, there are additional training courses every year. The initial training covers techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.334 (b)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 5): Specialized training shall include: 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.

Interview with investigation staff: All members of the Alabama Department of Youth Services Special Investigation Unit receive specialized training. In addition, there are additional training courses every year. The initial training covers techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.334 (c)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 5): 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. (§ 115.334 Specialized Training:

	Investigations) Training certificates for investigators: The auditor reviewed the three training certificates for the Special Investigation Unit. Specialized training has been completed, and training records are documented. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Medical and Mental Health Receipt of PREA Forms - Interview with Medical Nurse - Interview with Mental Health Staff Reasoning and analysis by provision: 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. - The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 5 - The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 6): 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: 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. (§ 115.335 Specialized training: medical and mental health care)

Interview with medical and mental health staff: Medical and mental health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

Reasoning and analysis by provision: 115.335 (b)

PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 6): When medical staff employed by the facility conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Interview with medical and mental health staff: The medical staff that was interviewed is a forensic nurse and conducts victim advocate training at the facility, however both the medical and mental health staff interviewed stated they did not conduct forensic examinations. They stated these were conducted at the local hospital or at One Place Family Justice Center in Montgomery.

Reasoning and analysis by provision: 115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 6): Facilities shall maintain documentation that medical and mental health practitioners have received the required training using PREA Form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training.

Medical and Mental Health Receipt of PREA Forms: The auditor reviewed the training acknowledgement forms for the medical and mental health staff. They signed the forms, acknowledging that they had received and understood the training.

Reasoning and analysis by provision: 115.335 (d)

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

	Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 6): Medical and mental health care practitioners shall also receive the training mandated for employees in paragraph (A) above. (§ 115.335 Specialized training: medical and mental health care) Medical and Mental Health Receipt of PREA Forms: The auditor reviewed the training acknowledgement forms for the medical and mental health staff. They signed the forms, acknowledging that they had received and understood the training. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Sample of Resident Vulnerability Assessments - Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness - Interviews with Random Residents - Interview with Agency PREA Coordinator - Interview with PREA Compliance Manager Reasoning and analysis by provision: 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement. - The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization

or risk of sexually abusing other residents within 72 hours of their entry into the facility: 96

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 11): 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.

Review of sample assessments of vulnerability. The auditor reviewed the vulnerability assessments that were completed on the residents that were interviewed and confirmed that they were completed within 72 hours of admission.

Interview with staff that perform screening for risk of victimization and abusiveness: All new admissions are administered a vulnerability assessment. The assessment is administered within 24 hours. The assessment considers the resident's previous background, any previous sexual abuse, personal and criminal history, and their own perception of vulnerability. Information is obtained through conversations with the residents, a review of their file, any documentation that comes with them and any mental health evaluations. The reassessment is completed at least every 6 months, however based on history, it can be completed every 30 days.

Interviews with random residents: All the random residents stated they remember being asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they thought they might be in danger at the facility.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Sample of resident Vulnerability Assessment: The auditor reviewed all the residents' current Vulnerability Assessments. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; 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; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (pages 11 and 12): 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: 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.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessments consider any the residents previous background, any previous sexual abuse, age, personal history and their own perception of vulnerability.

Reasoning and analysis by provision: 115.341 (d)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 12): 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.

Interview with staff that perform screening for risk of victimization and abusiveness: Information is obtained through conversations with the residents, a review of their file, any documentation that comes with them, any mental health evaluations. It is mostly yes/no questions based on physical or sexual abuse.

Reasoning and analysis by provision: 115.341 (e)

PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 12 and 13): 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. 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. Interview with the agency PREA coordinator: The assessments are completed by the therapist, and they are the only ones that have access to them. Interview with PREA compliance manager: The PREA compliance manager and the clinical staff are the only ones that have access to the assessments. Interview with staff that perform screening for risk of victimization and abusiveness: The clinical staff, associates and director have access to the assessments. The assessments are locked in a file cabinet behind a locked office door. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Sample Review of Vulnerability Assessments • Interview with Agency PREA Coordinator • Interview with Campus Administrator • Interview with PREA Compliance Manager • Interview with Staff that Perform Screening for Risk of Victimization and Abusiveness • Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.342 (a) PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 14): 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).

Interview with PREA compliance manager: The assessment is used in a meeting with medical and supervisors to place the youth in from of the housing unit. Everything is completed in a confidential format

Interview with staff that perform screening for risk of victimization and abusiveness: The facility looks at the scores on the vulnerability assessment to determine placement and programming. Housing and placement is made based on keeping the resident safe from any future sexual abuse.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 14): Juveniles at risk of sexual victimization, or those Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other Juveniles safe, and then only until an alternative means of keeping all Juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the Juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the Juvenile's administrative file. During any period of isolation, facilities shall not deny Juveniles daily large-muscle exercise and any legally required educational programming or special education services.

Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

Interview with campus administrator: The facility does not use isolation.

Interview with medical and mental health staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.342(h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 14): Juveniles at risk of sexual victimization, or those juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. (§115.368) Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the juvenile's administrative file. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services.

Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

Interview with campus administrator: The facility does not use isolation for sexual abuse or victimization.

Reasoning and analysis by provision: 115.342(i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Interview with campus administrator: The facility does not use isolation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Alabama Department of Youth Services Policy 1.28, DYS Youth Grievance Process (effective 02/22/2017) • Memorandum of Understanding between Alabama Department of Youth Services (Autauga & Mt. Meigs Campuses) and Child Protect Children's Advocacy Center • One Place Family Justice Center Contract • Interview with PREA Compliance Manager • Interviews with Random Staff • Interviews with Random Residents • Observations Made During Onsite Visit Reasoning and analysis by provision:115.351 (a) PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): Juveniles who are victims of sexual abuse or sexual harassment, who have faced retaliation by staff or peers for reporting sexual abuse or sexual harassment; or who want to report staff neglect or violation of responsibilities that may have contributed to such incidents, have the option to report the incident to any staff member, in addition to immediate point-of-contact line staff members, or to the agency PREA Sexual Assault Hotline. 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. 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. 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. 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.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment by calling the hotline, telling a staff member, telling a third party or writing a grievance.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by calling the hotline, by telling a staff member, writing a grievance, telling someone who does not work at the facility, or making a third-party report.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school room, living units, and in all common areas. The auditor tested the ways to report by calling the hotline and the rape crisis center.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): 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.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): 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.

Memorandum of Understanding between Alabama Department of Youth Services (Autauga & Mt. Meigs Campuses) and Child Protect Children's Advocacy Center: The ADYS shall establish a designated mechanism through which residents can report incidents of abuse or harassment to an external public or private entity. Child Protect, which is independent of the agency, will facilitate the immediate transmission of reports regarding sexual abuse and sexual harassment to the ADYS PREA Coordinator, and/or the Autauga Campus Administrator.

One Place Family Justice Center Contract: One Place Family Justice Center's (OPFJC) Standing Together Against Rape (STAR) program provides a 24- hour crisis

intervention hotline for victims of sexual assault.

Interview with PREA compliance manager: Residents can call the hotline or the Child Protective Service line. The facility receives an immediate transmission that a report has been made. The resident may remain anonymous.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by calling the hotline, by telling a staff member, writing a grievance, telling someone who does not work at the facility, or making a third-party report.

They stated that they could make an anonymous report, as well.

Observations during the site review: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment to the DYS Sexual Assault 24 Hour Hotline. The auditor tested the hotline, and it was answered by a live person and was not automated. The hotline representative explained the call process to the auditor. All calls are taken seriously. Calls can be anonymous if requested.

Reasoning and analysis by provision: 115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): 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. 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.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member, write it in a grievance, or tell someone outside of the facility. The staff stated that once they have been made aware of such a report, they are required to immediately report and document it.

Reasoning and analysis by provision: 115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Alabama Department of Youth Services Policy 1.28, DYS Youth Grievance Process: The Department provides a problem-solving process for youth to grieve any action, incident, living condition, dispute, or application of any departmental policy or practice which they believe to be unjust, detrimental, or a violation of their rights.

	However, this process cannot be used to grieve any legislative action, judicial proceeding, discipline, or any matter that is within the exclusive jurisdiction of the courts or other agencies. This Grievance process is available to all youth and has at least one level of appeal. Annually the Chief Advocate reviews the Youth Grievance process to determine its efficiency and effectiveness. Interview with PREA compliance manager: The agency has a written grievance policy. The residents are provided with information on who and how they can make a report. Forms are provided for the residents and are located on all the units. There was no resident who reported sexual abuse to be interviewed during the onsite portion of the audit. Reasoning and analysis by provision: 115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): 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. Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by contacting the Sexual Assault Hotline or Child Protective Services. There have been no allegations of sexual abuse or sexual harassment reported in the past 12 months, so therefore, there was no documentation to review. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (Juvenile Facilities) - Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (effective 02/22/2017) - Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 1): The Department provides a problem-solving process for youth to grieve any action, incident, living condition, dispute, or application of any departmental policy or practice which they believe to be unjust, detrimental, or a violation of their rights. However, this process cannot be used to grieve any legislative action, judicial proceeding, discipline, or any matter that is within the exclusive jurisdiction of the courts or other agencies. This grievance process is available to all Youth and has at least one level of appeal. Annually the Chief Advocate reviews the youth grievance process to determine its efficiency and effectiveness. After orientation each youth signs a receipt of PREA to acknowledge receipt of the student handbook and that he/she understands the grievance process. a) If the youth refuse to sign the receipt of PREA and indicates he/she does not understand the process, staff meets individually with the youth to further review the grievance procedure. If the youth still refuse to sign, staff documents "refused" on the line provided for the youth's signature and sign and date the form. (b) If a youth refuses for other reasons, staff signs, dates the form, and indicates when the youth received instruction on the Grievance process. The student handbook and youth grievance form are made readily available to all youth. Student handbooks and grievance forms are displayed in wall boxes on living units and throughout the department and private provider facilities. The handbook and/or the forms are also provided to youth by any staff member upon request.

Observations Made During Onsite Visit: The auditor observed the locked grievance box and the form that can be used to make a grievance. The auditor placed a note in the grievance box and received an email confirming receipt of it.

Reasoning and analysis by provision: 115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 8): Grievance Procedures to Address Sexual Abuse 1) No time limit exists when a Youth may submit a grievance regarding an allegation of sexual abuse. 2) No Youth is required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Reasoning and analysis by provision:115.352 (c)

PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject

of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 8): Department Advocacy Representatives ensure that Youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 8): A final decision on the merits of any portion of a grievance alleging sexual abuse comes within 90 days of the initial filing of the grievance. Computation of the time period excludes time utilized by youth in preparing any administrative appeal. If additional time is needed, the department may claim an extension of time to respond, up to 70 additional days, if the normal time period for response is insufficient to make an appropriate decision. If an extension is claimed, the advocacy representative notifies the youth in writing and informs the youth of the date, not more than 160 days after initial filing, by which a decision will be made. At any level of the grievance process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing

a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (pages 8 and 9): Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing grievances relating to allegations of sexual abuse, and are also permitted to file such request on behalf of youth. If a third party, other than a parent or legal guardian, files a grievance or report of abuse on behalf of a Youth, the department advocacy representative may require, as a condition of processing the grievance, that the alleged victim agrees to have the grievance filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the grievance process. If the youth declines to have the grievance processed on his or her behalf, the department advocate documents the youth's decision. A parent or legal guardian of a youth is allowed to file a grievance regarding allegations of sexual abuse, including appeals on behalf of such youth. Such a grievance is not conditioned on the youth agreeing to have the request filed on his or her behalf.

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 9): youth may file an emergency grievance alleging they are subject to a substantial risk of imminent sexual abuse by having a staff member contact the administrator on duty (AOD) in the facility. The AOD follows the chain of command to report the Grievance. The AOD also reports the grievance to the campus PREA

	monitor and the Department Special Investigations Unit. After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, the AOD immediately forwards the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to (1) the facility administrator or designee (2), the advocacy representative, and (3) the SIU, at which time immediate corrective action may be taken. The department advocacy representative, in consultation with SIU, provides an initial response within 48 hours, and issues a final decision within five (5) calendar days. The initial response and final decision documents the determination whether the youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Reasoning and analysis by provision:115.352 (g) PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0 Alabama Department of Youth Services Policy 1.13, DYS Youth Grievance Process (page 10): Facilities may discipline a youth for filing a grievance related to alleged sexual abuse/assault/harassment only where the facility demonstrates that the youth filed the grievance in bad faith. The facility youth shall use the regular disciplinary committee, and pre-established sanctions should be applied. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • One Place Justice Center Contract

- Interview with Campus administrator
- Interview with PREA Compliance Manager
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.353 (a)

PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 25): Facilities shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse, by posting mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible.

Interviews with random residents: Seven of the nine random residents interviewed confirmed that they were aware of the outside services that were available. They could not all provide the name of One Place family Justice Center, but they knew where the to find the name, address, and phone number. Six of the nine random residents did not know if their call would be private or if talking to these services would be in a confidential manner.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Observations made during onsite visit: There was signage throughout the facility that provided information on outside support services. The auditor contacted One Place Family Justice Center, which is the agency that works with this facility. They confirmed that the residents can call anytime, the service is always free, and the calls remain private unless there are concerns of harm, and they are mandated reporters.

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the

mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 25): 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.

Interviews with random residents: Six of the nine random residents did not know if their call would be private or if talking to these services would be in a confidential manner. They were not aware or uncertain to the extent that the mandatory reporting rules would apply to these services.

Reasoning and analysis by provision: 115.353 (c)

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 25): 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.

One Place Family Justice Center Contract: S.T.A.R. shall provide a qualified victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals, and crisis counseling as requested.

Reasoning and analysis by provision: 115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 25): 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.

Interview with the campus administrator: Attorneys and legal representatives can have calls, face-to-face visits or send mail. Calls and visits are scheduled through the clinical team. The residents have unlimited mail with their family. They get at least one phone call per week and those increase as their levels increase. Visitation is two times per month on the second and fourth Saturday. Special visits can be

	arranged, and parents are invited to treatment team meetings. Interview with the PREA compliance manager: Access to the attorneys cannot be denied. They have access as needed within waking hours. The residents get at least one phone call per week with their parents or guardians. Those can increase as their levels increase. Visitation is two times per month. Interviews with random residents: The random residents stated that they have access to their attorneys and parents, legal guardians, or other family members through calls and visits. The residents stated they have at least one call per week and two visitation days per month with their parents. They also stated they can write them letters. Corrective Action: Seven of the nine random residents interviewed confirmed that they were aware of the outside services that were available. They could not all provide the name of One Place family Justice Center, but they knew where to find the name, address, and phone number. Six of the nine random residents did not know if their call would be private or if talking to these services would be in a confidential manner. They were not aware or uncertain to the extent that the mandatory reporting rules would apply to these services. The facility will re-educate the residents on these services and provide documentation that this has been completed to the auditor. The facility provided the auditor with documentation on 04/08/2026 that this had been completed. Corrective action has been completed. Finding: Based on this analysis, corrective action has been completed and the facility is substantially compliant with the provisions for this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Observations Made During Onsite Visit Reasoning and analysis by provision: 115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly

	distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 16): 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. Observations made during onsite visit: The auditor reviewed the signage posted throughout the facility and the agency website and confirmed they contained information and phone numbers on third party reporting. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Campus Administrator • Interview with PREA Compliance Manager • Interviews with Random Staff • Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.361 (a) PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 17): Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information

they receive regarding an incident of sexual abuse, sexual harassment or retaliation that is alleged to have occurred. All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported to their supervisors and through the hotline.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 17): 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.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported to their supervisors and through the hotline.

Reasoning and analysis by provision: 115.361 (d)

PAQ: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 17): 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.

Interviews with medical and mental health staff: Medical and mental health staff that were interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They both stated they are required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to a designated supervisor or official upon learning of it. They both stated they are required to report to the PREA compliance manager, supervisors and their chain of command.

Reasoning and analysis by provision: 115.361 (e)

PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): Notification of allegations to the juvenile's parents/guardians, attorney, or other legal representative shall be given pursuant to the instructions of the Special Investigation Unit (SIU) in DYS operated facilities or by the Facility director/designee in contract service provider facilities. The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU/ investigator determines the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative shall be made by the Deputy Director of Programs and Client Services or his/her designee or by the contract service provider program director/designee. 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.

Interview with campus administrator: The clinical team would call the parents and the case worker. The notifications would be immediately when the investigation has been approved and started. Notifications to juvenile courts would be immediate or within 14 days.

Interview with PREA compliance manager: Once the chain of command is notified, then the parents, the juvenile probation officer or anyone who needs to be notified are notified. Notifications take place either on the day of the incident or within 24 hours. The juvenile court would be notified within 24 hours.

Reasoning and analysis by provision: 115.361 (f)

PAQ: The facility reports all allegations of sexual abuse and sexual harassment,

	including third party and anonymous reports, to the facility's designated investigators. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): 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. Interview with the campus administrator: The facility notifies DYS and they assign the investigator. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Agency Head - Interviews with Random Staff - Interview with Campus administrator Reasoning and analysis by provision: 115.362 (a) PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). - In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 13): 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. Interview with agency head: Special precautions are taken to include additional staff (1 on 1), room assignment and dorm assignment modification. Steps are taken to identify the potential threat and intervene with appropriate measures to ensure safety. Staff should respond immediately once substantial risk is identified and inform their supervisor and Campus PREA Coordinator. This information should be shared with the unit supervisor if shift change should occur before the PREA Coordinator and/or Campus Administrator have had a chance to assess and provide guidance mitigation by phone or in person. Interview with campus administrator: The staff would immediately separate from any potential threat. The facility would look at a change in placement for monitoring. An alert would be sent out to all staff, so they are aware. Staff would make sure the resident is being watched and monitored a little more than normal. Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, report up the chain of command, and keep the resident under close supervision. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Agency Head • Interview with Campus Administrator Reasoning and analysis by provision: 115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the

facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): 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.

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. The Facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the juvenile.

Reasoning and analysis by provision: 115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. The Facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the juvenile.

Reasoning and analysis by provision: 115.363 (d)

PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 18): The Facility administrator that receives such notification shall ensure that the allegation is

	investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the Juvenile. Interview with agency head: PREA Coordinator is the designated point of contact, but the report could be made to anyone in the organization and that person would ensure their supervisor and the PREA Coordinator would be notified. An investigation is launched and the process is followed. There have not any incidents with this facility during this audit period. Interview with campus administrator: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, all parties involved would be notified. It would be handled the same as any allegation. Everything would be done within 72 hours. There have been none of these reported at this facility. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Autauga 2026 Sexual Abuse Coordinated Team Response • First Responder Poster • Interview with Security First Responder • Interview with Non-Security First Responder • Interviews with Random Staff Reasoning and analysis by provision: 115.364 (a) PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within

a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

- In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 19): Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; and 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical

evidence and then notify his/her supervisor. Refer to PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault. 5. Staff shall follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated.

Autauga 2026 Sexual Abuse Coordinated Team Response: The auditor reviewed the Coordinated Response Plan, and it is a very detailed plan, but does not address the difference in requesting the alleged victim and ensuring the alleged perpetrator does not do anything to destroy evidence. They are both treated the same in the agency's coordinated response plan.

First Responder Poster: The auditor noted that the poster stated, "request that the alleged victim and the alleged perpetrator not take any actions that could destroy evidence including bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating." It was not noted that staff request the alleged victim not do anything to destroy evidence and ensure that the perpetrator does not do anything to destroy evidence.

Interview with Security First Responder: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by taping off the area and making sure nothing is touched. The parties involved are told not to shower, go to the bathroom, brush their teeth, or change their clothes. The staff stated they would not handle the instructions not to destroy any evidence any differently between the victim and the alleged perpetrator.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any action that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegation that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 19): Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; and 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse is reported within 72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and the alleged

abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify his/her supervisor. Refer to PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault. 5. Staff shall follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated.

Interview with Non-Security First Responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything. Make sure the evidence is preserved. Call for security to assist and follow the first responder plan.

Interviews with random staff: All of the random staff interviewed stated that the parties involved were separated and the scene was preserved and the evidence was not touched. One of the 13 random staff interview stated that the alleged victim was requested not to take any actions that could destroy physical evidence such as showering, brushing teeth, changing clothes, urinating, defecating, drinking or eating and that they ensure that the alleged perpetrator does not take any actions that could destroy physical evidence such as showering, brushing teeth, changing clothes, urinating, defecating, drinking or eating.

Corrective Action: The standard states if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. Twelve of the 13 random staff that were interviewed stated they would not handle the instructions not to destroy any evidence any differently between the victim and the alleged perpetrator. The agency's PREA policy and coordinated response plan do not distinguish the difference in requesting and ensuring. The first responder poster does not distinguish a difference in requesting and ensuring. The facility will retrain staff on the first responder duties and provide documentation to the auditor that the training has been completed. The agency/facility will update their policy, coordinated response plan and poster to reflect the correct wording that is found in the standard. The agency/facility will provide the auditor with documentation that this has been completed or a written plan to make the changes. The facility provide the auditor with documentation on 04/07/2026 that the first responders duties had been updated and signatures to provide proof that the staff had been trained. Corrective action has been completed.

Finding: Based on this analysis, corrective action was completed and the facility is substantially compliant with the provisions for this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Autauga 2026 Sexual Abuse Coordinated Team Response • Interview with Campus Administrator Reasoning and analysis by provision: 115.365 (a) PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 17): The facility administrator shall develop a written institutional plan to coordinate actions of all staff in the event that a sexual assault occurs. 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. 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 notifications 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. 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. 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. Alleged victims of sexual abuse shall be immediately referred for medical services to the Rape Crisis Center/hospital on contract for sexual abuse. 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. Allegations of Sexual Abuse shall be investigated pursuant to PREA Standard 115.371. Notification of allegations to the Juvenile's parents/guardians, attorney, or other legal representative shall be given pursuant to the instructions of the Special Investigation Unit (SIU) in DYS operated facilities or by the facility director/designee in contract service provider facilities. The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU/investigator determines the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative shall be made by the Deputy Director of Programs and Client Services or his/her designee or by the contract service provider program director/designee. 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. If an allegation of sexual abuse is made by a juvenile on aftercare, staff receiving this information shall report it to the appropriate court. 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. Autauga 2026 Sexual Abuse Coordinated Team Response: The written institutional plan documents the facility's coordinated response to an incident of sexual abuse. The plan outlines in detail the responsibilities of staff first responders, medical and mental health professionals, investigators, and facility leadership. Interview with campus administrator: The facility has a written coordinated response plan. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

	- Alabama Department of Youth Services, Autauga Campus PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Interview with Agency Head Reasoning and analysis by provision: 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Interview with agency head: Non applicable. The agency does not have collecting bargaining agreements. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Agency Head - Interview with Campus Administrator Reasoning and analysis by provision: 115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 22 and 23): 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. Protections from retaliation will be afforded all juveniles and staff who report sexual abuse or sexual harassment and who cooperate with sexual abuse or sexual harassment investigations. It is the responsibility of the campus administrator to designate which staff members are charged with monitoring retaliation. The facility shall employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 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. The facility shall monitor any juvenile disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes. 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. A facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

Reasoning and analysis by provision: 115.367 (b)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 22 and 23): 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.

Interview with agency head: Once an allegation is received, determination is made if staff/ student should be transfer is necessary or advised. The alleged abuser (student/ staff) is moved away from the victim during the investigation. Support services are offered and provided. To prevent any retaliation, periodic and consistent follow up with the victim to assess their sense of safety and concerns of retaliation for at least 90 days following the event.

Interview with campus administrator: Retaliation is monitored by campus

administrator. Retaliation is not tolerated. The campus administrator would be the lead and follow up every 30, 60 and 90 days or until the student is released.

There were no residents who reported sexual abuse at the facility to be interviewed.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 22 and 23): 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. The facility shall monitor any juvenile disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Interview with campus administrator: The campus administrator and staff would look for any changes in the youth's mood, loss of levels, or the possibility of being fearful. These changes would trigger red flags and would result in additional monitoring, a move within the facility or a transfer to another facility.

Reasoning and analysis by provision: 115.367 (d)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 22 and 23): In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes.

Interview with campus administrator: The campus administrator and staff would look for any changes in the youth's mood, loss of levels, or the possibility of being fearful. These changes would trigger red flags and would result in additional monitoring, a move within the facility or a transfer to another facility.

	Reasoning and analysis by provision: 115.367 (e) PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 22 and 23): 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. A facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded. Interview with agency head: Once an allegation is received, determination is made if staff/ student should be transfer is necessary or advised. The alleged abuser (student/ staff) is moved away from the victim during the investigation. Support services are offered and provided. To prevent any retaliation, periodic and consistent follow up with the victim to assess their sense of safety and concerns of retaliation for at least 90 days following the event. Interview with campus administrator: The campus administrator and staff would look for any changes in the youth's mood, loss of levels, or the possibility of being fearful. These changes would trigger red flags and would result in additional monitoring, a move within the facility or a transfer to another facility. Findings: Based on the analysis, the facility is substantially compliant with provisions for this standard.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Campus Administrator • Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.368 (a) PAQ: The facility has a policy that residents who allege to have suffered sexual

abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 14): 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. Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the juvenile's administrative file. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of sexual victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

Interview with campus administrator: The facility does not use isolation.

Interview with medical and mental health staff: The facility does not use isolation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Campus Administrator • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with Investigative Staff Reasoning and analysis by provision: 115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 19 and 20): ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of sexual abuse (assault), sexual harassment, or any sexual conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of sexual abuse and sexual harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the agency PREA website. 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. Interview with investigative staff: Investigations are initiated immediately. All investigations are treated the same, including anonymous and third-party report of sexual abuse and sexual harassment. Reasoning and analysis by provision: 115.371 (b)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): All investigators assigned to conduct sexual abuse and sexual harassment allegations shall receive special training in sexual abuse investigations involving juvenile victims.

Interview with investigative staff: All investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. Some investigators have former law enforcement experience. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Reasoning and analysis by provision: 115.371 (c)

PAQ: 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.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): All investigators assigned to conduct sexual abuse and sexual harassment allegations shall receive special training in sexual abuse investigations involving juvenile victims. 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.

Interview with investigative staff: The investigator would go through all the reports, review any camera footage for any evidence. The victim and any witnesses would be interviewed. The investigation would be completed within a 14-day period. A case involving PREA is usually completed in 4 or 5 days. There has not been a PREA related case in over a year. The investigator is responsible for gathering all of the evidence in an investigation to include written documents, statements and video surveillance.

Reasoning and analysis by provision: 115.371 (d)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): Facilities shall not terminate an investigation solely because the source of the allegation recants the allegation.

Interview with investigative staff: An investigation will not terminate if the source of the allegation recants his/her allegation. The case would continue to be fully investigated.

Reasoning and analysis by provision: 115.371 (e)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution.

Interview with investigative staff: The investigator would consult with general counsel as to how to proceed.

Reasoning and analysis by provision: 115.371 (f)

PAQ: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): 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.

Interview with investigative staff: The credibility of an alleged victim, suspect, or witness will be assessed on the facts and any other evidence available. The investigator would not require a resident who alleges sexual abuse to a polygraph test or truth telling devices as a condition for proceeding with an investigation.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.371 (g)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): Administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

There were no investigations in the past 12 months, so there were no investigative reports to review.

Interview with investigative staff: The investigator would use the totality of the circumstances and look at whether the staff did what they were supposed to do and make every effort to determine whether staff actions or failures to act contributed to sexual abuse. Staff actions and responsibilities are part of the investigation. All investigations are documented in very thorough written reports.

Reasoning and analysis by provision: 115.371 (h)

PAQ: 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.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): 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.

Interview with investigative staff: Criminal investigations are documented by the Montgomery Police Department or the law enforcement agency that completes the investigation. Those reports include descriptions of physical, testimonial, documentary evidence and any attachments.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 20): The investigator in

concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution. The investigator shall make the request for law enforcement to conduct a criminal investigation via a documented telephone contact.

Interview with investigative staff: Referrals are made to the Montgomery Police Department when it is determined that the allegation is criminal in nature.

Reasoning and analysis by provision: 115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 20 and 21): Facilities shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

There were no reports to review, due to the facility not having allegations of sexual abuse or sexual harassment in the past 12 months.

Reasoning and analysis by provision: 115.371 (k)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): The departure of the alleged abuser or victim from the employment or control of the facility or shall not provide a basis for terminating an investigation.

Interview with investigative staff: An investigation is not terminated when an employee terminates their employment. This would not be a factor in the investigation. The investigation would continue and it would be documented that the employees terminated their employment.

Reasoning and analysis by provision: 115.371 (m)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): When outside agencies investigate sexual abuse, facilities shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the on-going investigation.

Interview with the campus administrator: The investigator keeps the facility updated

	on the progress of the case and when the investigation is completed, the facility is provided with the outcome. Interview with agency PREA coordinator: The Chief Special Investigator keeps in touch with the facility and provides information related to the case. Interview with PREA compliance manager: The investigator keeps the campus administrator updated on the progress of the case. Interview with investigative staff: The agency investigative staff would provide whatever assistance is needed to an outside agency. The investigator would stay aware of the investigation. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA (PAQ) Pre-Audit Questionnaire (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Investigative Staff Reasoning and analysis by provision: 115.372 (a) PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with investigative staff: The investigator confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. conducting compelled interviews. The standard of evidence that the Special Investigations Unit uses is the preponderance of evidence. Findings: Based on this analysis, the facility is substantially compliant with the provision for this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Campus administrator - Interview with Investigative Staff Reasoning and analysis by provision: 115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. - The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 - Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): 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. There shall be determined outcomes-substantiated, unsubstantiated, or unfounded for all PREA investigations. Juveniles who have been the victim of a sexual abuse and sexual harassment shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcome. The juvenile notification of investigative outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification. Interview with campus administrator: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, notification of the outcome of the allegation would occur when the determination has been made. Interview with investigative staff: The outcome is documented on the Investigative

Outcomes of Allegations of Sexual Abuse or Sexual Harassment and sent to the facility. The facility informs the resident of the outcome.

Reasoning and analysis by provision: 115.373 (b)

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): 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.

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/facility in the past 12 months

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): 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.

There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged

	victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 22): 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. There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit. Reasoning and analysis by provision: 115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that was documented: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 21): Juveniles who have been the victim of a sexual abuse and sexual harassment shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcome. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022)

Reasoning and analysis by provision: 115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): Staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Reasoning and analysis by provision: 115.376 (b)

PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Reasoning and analysis by provision: 115.376 (c)

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

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): 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.

	Reasoning and analysis by provision: 115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): 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. Findings: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Campus Administrator Reasoning and analysis by provision: 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. - In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual

	abuse of residents: 0 Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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. Reasoning and analysis by provision: 115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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. Interview with campus administrator: There would be remedial actions and measures if a volunteer or contractor violated the PREA policies. There would immediately be no further contact with the youth or facility would be allowed. There have been no incidents of this occurring. Findings: Based on this analysis, the facility substantially compliant with the provisions for this standard.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Campus Administrator - Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.378 (a) PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in

resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): 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. 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.

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in insolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): 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.

Interview with campus administrator: A criminal finding would result in charges. An administrative finding could result in additional time in the program, additional groups or more resources to address the situation. The facility would look at what discipline would be appropriate. Any discipline would be proportionate to similar offenses. The facility does not use isolation.

Reasoning and analysis by provision: 115.378 (c)

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

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 27): The facility disciplinary committee shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The disciplinary committee may want to consult with the juvenile's case manager for additional information on the juvenile's mental status before imposing a sanction.

Interview with campus administrator: Mental health would be consulted in the decisions to impose any disciplinary actions or sanctions.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (pages 27 and 28): 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.

Interviews with medical and mental health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for both the victim and the offending resident. A resident's participation is not a condition of any rewards-based behavior management system. It is also not a condition for any programming or education.

	Reasoning and analysis by provision: 115.378 (e) PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): Facilities may discipline a juvenile for sexual conduct with staff only upon a finding that the staff member did not consent to such conduct. Reasoning and analysis by provision: 115.378 (f) PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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. Reasoning and analysis by provision: 115.378 (g) PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities)

- Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022)
- Interviews with Medical and Mental Health Staff
- Interview with Staff That Performs Risk Screening
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 13): If the screening indicates that a resident has experienced prior sexual Victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Progress shall be monitored during treatment team meetings and shall be updated in writing as identified in the case manager's treatment notes.

Interview with staff that perform risk screening: Medical or mental health are told immediately, and they follow up within 72 hours.

There were no residents who disclosed prior victimization to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (page 13): If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Progress shall be monitored during treatment team meetings and shall be updated in writing as identified in the case manager's treatment notes.

Interview with staff that perform risk screening: Medical or mental health are told immediately, and they follow up within 72 hours.

There were no residents who disclosed previously perpetrated sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 13): 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.

Observations made during onsite visit: All confidential records are securely locked or stored electronically.

Reasoning and analysis by provision: 115.381 (d)

PAQ: 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.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 13): 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.

Interviews with medical and mental health staff: All residents in custody or care of DJJ are made aware that the staff, including medical and mental health, have a duty to report. The youth sign a release of information, and this information is provided to them at that time. The medical and mental health staff stated they do not have to obtain informed consent if the youth is a resident of the facility under the age of 18 but would get informed consent if the youth is 18 or older.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interviews with Medical and Mental Health Staff • Interviews with Security and Non-Security First Responders Reasoning and analysis by provision: 115.382 (a) PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): Facilities shall offer medical and mental health evaluations as appropriate to all Juveniles who have been victimized by sexual abuse in any Juvenile Facility. Treatment of alleged victims within 72 hours of an incident shall occur as following: On-site nursing treatment for Sexual Abuse victims shall be limited to emergency measures only in order to stabilize the Juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken. 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. A forensic medical examination shall be requested by the assigned investigator/ designee. This shall occur within 72 hours of a Sexual Assault. Victims of Sexual Abuse shall be referred under appropriate security provisions to a designated Rape crisis center/hospital that has a MOU with the Facility for treatment and gathering of evidence. The MOU shall document that the Rape Crisis Center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Facilities shall offer all Juveniles who experience Sexual Abuse

access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANES cannot be made available, the examination can be performed by other qualified medical practitioners. The Facility shall document its efforts to provide SAFEs or SANEs. 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. Qualified Facility Staff Members trained as Victim Advocates shall provide crisis intervention services to victims of Sexual Abuse and shall complete before providing services PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate.

Interviews with medical and mental health staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. These services are offered within 72 hours of the alleged incident.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.382 (b)

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

Interviews with security and non-security Responders. The victim and alleged perpetrator are separated. The scene is preserved and notifications are made supervisors, PREA compliance manager, medical and mental health.

Reasoning and analysis by provision: 115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interviews with medical and mental health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The facility and practitioners provide as much information as needed. but services or treatment are usually done at the local hospital.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.382 (d)

	PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): Facilities shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.383 (a) PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): Facilities shall offer medical and mental health evaluations as appropriate to all juveniles who have been victimized by sexual abuse in any juvenile facility. Reasoning and analysis by provision: 115.383 (b) PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (page 24): 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. The on-site nursing staff shall ensure that the aggressor, if a juvenile, receives testing to include, but not be limited to gonorrhea, chlamydia, syphilis, hepatitis B, HPV, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.

Interviews with mental health staff: Evaluation and treatment for residents who have been victimized would include further evaluations such as a clinical interview, mental status exam and evaluation, follow-up services, referrals, update treatment plans if needed and provide additional services as needed.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (c)

Interviews with medical and mental health staff: Medical and mental health services are consistent with community level of care.

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (page 24): 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. The on-site nursing staff shall ensure that the aggressor, if a juvenile, receives testing to include, but not be limited to gonorrhea, chlamydia, syphilis, hepatitis B, HPV, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

	Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): Facilities shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost. There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit. Reasoning and analysis by provision: 115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 23): 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. Interviews with mental health staff: Mental health staff conduct a mental health evaluation of all known residents-on-resident abusers and offers treatment if appropriate. This is conducted after the victim and scene are secured. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Campus Administrator • Interview with PREA Compliance Manager • Interview with Sexual Abuse Incident Review Team Member Reasoning and analysis by provision:115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been

determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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.

Reasoning and analysis by provision: 115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Interview with campus administrator: The facility has a sexual abuse review team. It is a multi-disciplinary team made up of upper management, campus administrator, administrative staff, medical and mental health, and supervisors

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): 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. Interview with campus administrator: The facility uses Information from the sexual abuse incident review team to review all areas and would make any necessary adjustments, such as increase in video monitoring equipment or any staff issues. These would be based on the team's recommendations. Interview with PREA compliance manager: The facility provides specific data to the PREA coordinator and would complete a SSV if an incident occurred. There has not been an incident in over a year to review. Interview with Sexual Abuse Incident Review Team Member: The team would consider whether the incident or allegation was motivated by race; ethnicity; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Reasoning and analysis by provision:115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 28): The Facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022)

- 2023 and 2024 Survey of Sexual Victimization SSV-5 and SSV-IJ

Reasoning and analysis by provision: 115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 29): 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.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument, The Agency PREA Coordinator requests incident based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 29): 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. Facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report.

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 29): Facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Reasoning and analysis by provision: 115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities comply with SSV reporting regarding content. Alabama Department of Youth Services Policy and Procedures, policy number 909, (page 2.): The Agency PREA Compliance Officer shall compile and maintain all statistical data regarding all

	PREA-related matters for the Department. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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. Reasoning and analysis by provision: 115.387 (f) PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Alabama Department of Youth Services, Autauga Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) • Interview with Agency Head • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager Reasoning and analysis by provision: 115.388 (a) PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Alabama Department of Youth Services Prison Rape Elimination Act (PREA)

Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole.

Interview with agency head: All incidents are reviewed by institutional services through the incident debrief process that assesses the need for modifications of physical plant, staffing, operating procedures, etc. In addition, the Continuous Quality Improvement process (PbS) looks at incident data on the aggregate for patterns – location, times, individuals, staff, etc. to determine problem areas for incidents. This can be addressed proactively through active management and prevention education.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The agency prepares an annual PREA report.

Interview with PREA compliance manager: The facility collects and provides the requested data to the agency PREA coordinator.

Reasoning and analysis by provision: 115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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.

Reasoning and analysis by provision: 115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): Each agency's annual PREA report shall be approved by the agency Executive Director and made readily available to the public through its website.

Interview with agency head: The agency head (Executive Director) approves the annual reports.

Reasoning and analysis by provision: 115.388 (d)

PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear

	and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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. Interview with agency PREA coordinator: There are no names in the annual report. There are only numbers in the report. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (effective 04/23/2014, revised 08/19/2022) - Interview with Agency PREA Coordinator Reasoning and analysis by provision: 115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 31): 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. Reasoning and analysis by provision: 115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

	Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): 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. Interview with Agency PREA Coordinator: The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response program. The agency publishes an annual PREA report. Reasoning and analysis by provision: 115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 30): Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers. Reasoning and analysis by provision: 115.389 (d) PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 (page 31): 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. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: - Alabama Department of Youth Services, Autauga Campus PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Research - Policy Review

	• Document Review • https://dys.alabama.gov/prea • Observations Made During Onsite Visit Reasoning and analysis: The auditor reviewed the Alabama Department of Youth Services (ADYS) website at http://https://dys.alabama.gov/prea containing the twelve audit reports for audits completed on the three state operated facilities between 2014 and 2025. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, has been audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Autauga Campus PREA audits were conducted in 2014, 2017, 2019, and 2023. The current audit of Autauga Campus was conducted in year one of Audit Cycle 5. The auditor was given access to, and the ability to observe, all areas of Autauga Campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the completion of the audit, the agency and facility provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period. Finding: Based on this analysis, the facility is substantially compliant with this provision.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the determination compliance: • Alabama Department of Youth Services, Autauga Campus Audit: Pre-Audit

Questionnaire (PAQ) (Juvenile Facilities)

- Policy Review
- Documentation Review
- <https://dys.alabama.gov/archive>

Reasoning and analysis (by provision): 115.403 (f):

The auditor observed the 2014, 2017, 2019, and 2023 Autauga Campus PREA Audit Reports are published on the agency's website at <https://dys.alabama.gov/archive>. The PREA final reports were published within 90 days after the final report was issued by the auditor.

Finding: Based on this analysis, the facility is substantially compliant with this provision.

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.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
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	yes

	interviews?	
	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.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	Policies to ensure referrals of allegations for investigations	

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	

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

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

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

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	no
	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?	no
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

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

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

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

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

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

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	Access to emergency medical and mental health services	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

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

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

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