

PREA Facility Audit Report: Final

Name of Facility: Autauga Campus

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/12/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Kimbla Newsom	Date of Signature: 05/12/ 2023

AUDITOR INFORMATION	
Auditor name:	Newsom, Kimbla
Email:	kimbla@justusadvocacy.com
Start Date of On-Site Audit:	03/28/2023
End Date of On-Site Audit:	03/29/2023

FACILITY INFORMATION	
Facility name:	Autauga Campus
Facility physical address:	1601 County Road 57, Prattville, Alabama - 36067
Facility mailing address:	PO Box 680710, Prattville, Alabama - 36068

Primary Contact	
Name:	R. MaChea' Jones
Email Address:	machea.jones@dys.alabama.gov
Telephone Number:	334-399-1589

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

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

Facility Health Service Administrator On-Site	
Name:	Danny Ingram
Email Address:	dingrammd82@gmail.com
Telephone Number:	3343135315

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	16
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	14 to 18
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with residents:	35
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:	12

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 - 36057
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:	R. 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:

2

- 115.331 - Employee training
- 115.333 - Resident education

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-28
2. End date of the onsite portion of the audit:	2023-03-29

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:	I reached out to Alabama Coalition Against Rape, National Children's Advocacy Center, and One Place Family Justice Center via email and via phone. I was able to speak with representatives from all three organization; none of which reported knowing of any sexual abuse and sexual harassment incidents for the Autauga Campus.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	15
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	12
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	On the first day of the audit there was a total of 12 residents: 9 Black youth, and 3 White youth; assigned to three wings (south, north, and west).
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility had direct care staff, nurses, contract security staff, contract medical staff, administrators, and one volunteer during the onsite visit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random number generator used to select youth from all 4 housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor oversampled random residents for interview due to limited number available for targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents with physical disabilities.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who were blind or had low vision.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who were deaf or hard-of-hearing.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents with Limited English Proficiency.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	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).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who identified as gay, bisexual, transgender or intersex.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who identified as transgender or intersex.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	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).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who reported sexual abuse in the facility.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	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).	Review of the intake screening; discussions with intake staff, and interviews with residents were used to determine there were no residents who disclosed prior sexual victimization during the risk screening.

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Review of the intake screening; discussions with intake staff and Campus Administrator, and interviews with residents were used to determine there were no residents who were placed in segregated housing/isolation/time out for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	While no residents were in segregated housing/isolation during the onsite visit due to PREA-related matters, the Auditor did interview a resident who had been in isolation for a non-PREA-related event. The resident reported that he was able to receive daily exercise as well as visits with administrative, mental-health and medical staff.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	15

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	In selecting staff for interview the auditor also considered the gender, race, and ethnicity of staff.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to selecting staff for interview and each staff person agreed to be interviewed and were very pleasant throughout the interview process.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
76. Were you able to interview the Agency Head?	☒ Yes ☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☒ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	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
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Security/detention ☐ Education/programming ☒ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	All specialized staff were cooperative during interviews and several staffers held multiple PREA-related positions within the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Autauga Campus is confined to one building. The auditor had access to all parts of the facility and was able to speak with both staff and youth during the site tour. The auditor was also able to observe residents participating in the C.L.I.M.B. physical training (PT) program.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The PREA Compliance Manager provided the auditor with a sample of documents via the PREA OAS as well as email to the auditor. During the onsite portion of the audit, the auditor randomly selected records to be reviewed of residents, staff, contractors, and volunteers. All requested files were provided to the auditor.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no sexual abuse incidents for the Autauga Campus dating back to the previous audit.

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

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment incidents for the Autauga Campus dating back to the previous audit.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no sexual abuse or sexual harassment incidents for the Autauga Campus dating back to the previous audit.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - Alabama Department of Youth Services Policy 13.8: Protections Afforded Youth - PREA Form 115.311 PREA Fact Sheet, - Agency Organization Chart signed 12/3/18, and - Agency Memorandum dated 6/16/21 to "All DYS and Private Provider Facilities" from the Executive Director, Re: DYS PREA Coordinator

2. Interviews/Discussions with:

- Agency Head (Executive Director)
- Agency PREA Coordinator
- Autauga PREA Compliance Manager
- Autauga Campus Administrator

Analysis and triangulation of information: this standard requires the agency to have a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Autauga Campus PAQ completed by agency officials indicates the agency's zero-tolerance policy for sexual abuse and sexual harassment is in the form of DYS Policy and Procedures 13.8.1.

DYS Policy and Procedures 13.8.1 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PREA Form 115.311 PREA Fact Sheet is a synopsis of the Prison Rape Elimination Act standards along with links to additional resources.

The PREA Coordinator was interviewed, and she informed the auditor that she [PREA Coordinator] reports to the Administrator of Community Services; however, she has direct access to the Executive Director as it relates to her duties. A copy of the agency's organization chart signed and dated for 12/3/18 was provided to the Auditor. The organization chart has a dotted line from the PREA/ACA Coordinator to the Office of Licensing and Standards and this chart was observed on the agency website. Additionally, the agency's PREA Coordinator is identified in a memorandum dated 6/16/21 from the Executive Director's Office to "All DYS and Private Provider Facilities." An interview with the Executive Director confirmed information provided in the memorandum from his office and that the PREA Coordinator has direct access to his office for all things PREA-related. The memo includes the responsibilities of the PREA Coordinator and information affirming the Alabama Department of Youth Services position of zero tolerance toward sexual abuse and harassment at all its facilities.

The PREA Coordinator indicated she also serves as the PREA Compliance Manager for another DYS-operated facility. The PAQ signified the agency has two (2) PREA Compliance Managers that report directly to the PREA Coordinator, and this was confirmed in discussions with the PREA Coordinator. She stated that her team have sufficient time and authority to perform their duties. The Autauga PREA Compliance Manager was interviewed, and he indicated that while he serves several roles on campus, he does have sufficient time and authority to coordinate PREA compliance efforts at the campus. The Autauga Campus Administrator was also interviewed, and she indicated the PREA Compliance Manager has been authorized to work with facility staff from various departments on campus in its efforts to comply with the PREA standards. Language in the DYS Policy and Procedures 13.8.1 regarding the person responsible for PREA compliance at the agency, is consistent with other documentation reviewed as well as interviews with agency and facility leadership.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency, <i>Meets Standard</i> 115.311 due to substantial compliance in all material ways with this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - Agency Contracts for Placement Services for Children, and - Agency Website - Interviews/Discussions with: - Agency Contract Administrator (General Counsel) - Agency PREA Coordinator - Autauga Campus PREA Compliance Manager Analysis and triangulation of information: this standard requires the agency that contracts with outside organizations for confinement of residents, to ensure those contractors adopt and comply with the PREA standards. The Autauga Campus PAQ completed by agency officials indicated the agency’s standard for contracting with organizations providing placement services for children, is outlined in DYS Policy and Procedures 13.8.1. The DYS Policy and Procedures 13.8.1. states “all DYS and contract service provider facilities with whom DYS contracts for the confinement of juveniles will be audited by a certified PREA Auditor in accordance with the PREA Audit schedule and found compliant following the 180-day corrective action plan in order for DYS to be able to continue to utilize their services.” The Autauga Campus PAQ indicates the agency has 0 contracts for the confinement

	of residents. Clarification and additional documentation were requested due to information observed by the Auditor regarding 11 contracts for residential services with PREA audit reports completed between 2020 - 2021 and posted in the "PREA Compliance Reports" section of the agency website. Discussion with the PREA Coordinator revealed 8 active contracts for residential services, all of which were provided to the Auditor for review. Each residential contract had language affirming that contractors will "comply with PREA Act of 2003 and self-monitoring requirements." The contracts to provide placement services for children also included language of there being "DYS announced and unannounced compliance monitoring." The designated Contract Administrator was interviewed, and he confirmed that all new contracts or contract renewals signed on or after August 20, 2012, has standard language regarding compliance with PREA standards. The auditor inquired about agency monitoring of PREA compliance for these contracts and it was reported that such monitoring is conducted by the Division of Community Services. The PREA Coordinator ensures that contract residential providers receive a PREA audit during the agency's 3-year audit cycle. The PREA Coordinator informed the auditor that she visits all state- operated and contract facilities prior to scheduled audits, conducts meetings with these sites, provides and receives information from these facilities throughout the year. She maintains email correspondence and travel documents for her PREA- related site visits to these facilities. The PREA Coordinator also assists in preparing information needed for the Governor to certify compliance with the PREA standards for all facilities under her operational control. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency Meets Standard 115.312: based on substantial compliance in all material ways with this standard for the review period.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.313 Supervision Monitoring Logs – Autauga,

- Form 3.13.1 Secure Facility Vulnerability Assessment,
- 115.313.2 Annual Facility Staffing Assessment (March 2023),
- Autauga Campus Staffing Pattern document (March 2023)
- Security Affidavit Counts (2022 – 2023), and
- Autauga C.L.I.M.B. Staffing Plan (Signed 2/17/23)

2. Interviews/Discussions with:

- Campus Administrator
- Agency PREA Coordinator
- Intermediate/Higher-Level Facility Staff (3)
- Security Staff (3)

3. Site Review/Observations:

- Observations of youth and staff in campus programming or on housing units
- Informal discussions with facility staff and residents
- Review of unit logbooks
- Review of video surveillance

Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The Autauga Campus PAQ indicates the facility's supervision and monitoring plan is outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ indicated the facility had an average daily population of 28.75 youth during the past twelve months with no deviations being reported from the 1:8 resident-to-staff waking-hours ratio and 1:16 sleeping hours ratio during the entire review period. During the site review the auditor observed adequate staffing levels between youth and staff in the housing units, in the cafeteria, in the education setting, as well as during physical training (PT). During the random interviews with both residents and staff it was reported that staffing levels are consistently maintained on each shift. The Autauga Campus Staffing Pattern document indicates direct care staff work hours are typically 8am-6pm for first shift, 12pm-10pm for second shift, and 10pm-8am for third shift. On the first day of the onsite audit there were a total of 12 residents assigned to the facility.

The DYS Policy and Procedures 13.8.1 indicates "annually, every DYS and contract service provider shall assess, determine, and document a staffing plan that provides adequate levels of staffing, and where feasible, provides video monitoring to protect

	Juveniles against Sexual Abuse.” The most recent Autauga staffing plan was completed in February 2023 and signed off on by the Campus Administrator. The document captures all the elements required in a staffing plan per the PREA standards. Additionally, the annual facility staffing assessment for the Autauga Campus was completed in March 2023 with signatures from the Campus Administrator, PREA Coordinator, Administrator of Institutional Services, and the Deputy Director of Institutional Services. Interviews with the PREA Coordinator and Campus Administrator revealed there is an annual review of the staffing plan. It was reported that information from the secure facility vulnerability assessments conducted by higher level facility staff is considered when updated the staffing assessment. A random selection of completed vulnerability assessments from 2022 and 2023 for several housing units were reviewed. One assessment indicated a camera was removed from the intake room to the administrative hall due to the intake room becoming the medical room. A sample of security affidavit counts were reviewed that include information on the housing unit, its population, and total staffing. This affidavit is signed by a security officer at the front desk. Appropriate staffing levels were observed for several months of security affidavit counts logs selected for random review for 2022-2023. Informal interviews with security staff at the front desk revealed that head counts are conducted and reported to the front desk. The auditor was able to view video surveillance at the front desk, with security staff showing how they monitor activity on campus. The PREA Compliance Manager provided information to the Auditor regarding 69 facility cameras and 2 servers. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.313: based on substantial compliance in all material ways with this standard for the review period.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),

- PREA Refresher 2020 ppt,
- PREA Forms: 115.315 Cross-Gender Searches,
- PREA Form 115.351 Staff Receipt of PREA Training
- Facility Staff Training Records

2. Interviews/Discussions with:

- Campus Administrator
- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Random Staff (15)
- Random Residents (10)

3. Site Review/Observations:

- Observations of youth and staff in programming or on housing units
- Informal discussions with facility staff and residents

Analysis and triangulation of information: this standard requires facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or when done by medical practitioners. The Autauga Campus PAQ completed by agency officials indicates the facility's procedure for cross-gender viewing and searches is outlined in DYS Policy and Procedures 13.8.1.

The DYS Policy 13.8.1. indicates only during exigent circumstances will cross-gender searches of all kinds be conducted by non-medical facility staff. Such searches should they occur, would be documented on the facility cross-gender searches form. The review of logs of pat-down and strip searches did not indicate any cross-gender searches of any kind by non-medical personnel.

The Autauga Campus PAQ indicated 0 cross-gender pat searches of residents, 0 cross-gender strip searches, and 0 visual body cavity searches of residents conducted by non-medical staff in the past 12 months. The PAQ also indicated that 100% of all security staff have received training on conducting cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

It was revealed in random resident interviews that female staff do not conduct searches of residents. This information was consistent with interviews with random staff who indicated that while it has not happened, only in exigent circumstances would a female staff search a male resident. Staff were not aware of any transgender or intersex residents being assigned to the facility within the past 12

	months. Interviews with random facility staff also revealed that facility staff do not conduct searches of transgender or intersex youth to determine their genital status. Staff also indicated they have received training on professional and respectful searches of transgender and intersex residents. During youth interviews, majority of the residents indicated that female staff announce their presence when entering a housing unit and that residents are never viewed by female staff when they are showing, clothing, or using the restroom. During the random resident interviews none of the youth reported being searched by a female staff and that all strip searches are conducted in a room designated for searches. Residents reported that they are required to change in the bathroom or shower area which is in their individual rooms. The Campus Administrator reported that when two residents are assigned to a room, only one resident is in the room during shower routine. Direct care staff confirmed that residents are free to shower, change clothes, and use the restroom without being viewed by staff of the opposite gender. Female staff also confirmed that they do not conduct searches of the male residents. During the site tour, the auditor was able to view the area where all strip searches occur which was free of surveillance. Additionally, there were no cameras placed in individual rooms. The shower and toilet area in the sleeping rooms had a door for privacy. Review of training materials such as the PREA PowerPoint 2020, displayed information on cross-gender searches and communicating with transgender and intersex residents. Training records of employees, volunteers and contractors completing PREA web-based training occurred for all staff files selected for random review by the auditor. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.315: based on substantial compliance in all material ways with this standard for the review period.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act

(PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),

- DYS Pamphlet 115.333LF,
- PREA Pamphlet 115.333S,
- Visual Language Professional LLC agreement,
- Resident PREA Educational Materials - Braille
- Resident PREA Posters – “Stop Assault” (in both English and Spanish)

2. Interviews/Discussions with:

- Agency Head (Executive Director)
- Autauga Campus PREA Compliance Manager
- Residents with Disabilities (2)
- Random Residents (10)
- Random Staff (15)

1. Site Review/Observations:

- Observations of PREA materials displayed in housing units, chow hall, community room, and staff offices

Analysis and triangulation of information: this standard requires agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The Autauga Campus PAQ completed by agency officials indicated the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procedures 13.8.1 indicates “facilities shall not rely on resident interpreters, resident readers, or other types of Juvenile assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the Juvenile’s safety, the performance of first-responder duties, or the investigation of the Juvenile’s allegation.” The Executive Director informed the auditor there are procedures in place to provide residents with disabilities and limited English proficiency the opportunity to participate in efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Information supplied with the Autauga Campus PAQ signified two contracts for services to assist residents with disabilities and those who are limited English proficient. A contract with Visual Language Professional, LLC was reviewed, and it indicated this organization would provide interpreter/translator services for three campuses to include Autauga Campus with those services being on-site, over-the-

	phone, video remote interpreting services and document translation services. PREA educational materials were available in braille for residents who are blind. The PREA Compliance Manager did not report any youth at the facility who were blind during the onsite audit. Resident education material in braille was observed on several housing units to include the orientation unit. PREA education was also available in the form of a pamphlet in Spanish and was also observed in common areas of housing units during the site review. The PREA pamphlet was examined by the auditor for lower functioning residents. This pamphlet included the same-type information as in the resident PREA poster that was written in English. The PREA Compliance Manager informed the auditor of two youths identified with disabilities. These residents were interviewed, and they both indicated the information provided to them on PREA was easily understood, and that staff read out all the information to them as well as provided copies. In interviews with both residents and facility staff, majority consistently reported that residents are not used as interpreters for other residents. The PAQ also indicated 0 instances where resident interpreters, readers, or other types of resident assistants were utilized. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.316: based on substantial compliance in all material ways with this standard for the review period.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - Autauga Campus Roster of Employees by Position and Department, 115.317 PREA Employment/Appraisal Questionnaire Forms, and - DHR-FCS-1598 Child Abuse/Neglect (CA/N) Central Registry Clearance Forms - Interviews/Discussions with: - Administrative Staff – Human Resources Department (2) - Agency PREA Coordinator

· Autauga Campus PREA Compliance Manager

Analysis and triangulation of information: this standard requires agencies to conduct criminal background checks of employees and contractors who may interact with residents. The Mt. Meigs procedure for hiring and promotions of staff is outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procures 13.8.1 indicates in Section II (D): the agency shall “perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have direct contact with juveniles. Facilities shall conduct criminal background records checks at least every four years on current employees and contractors who may have direct contact with juveniles. Facilities shall set up a spreadsheet sorted by driver’s license expiration dates, and after the initial background check, run the background check again the month after the driver’s license expires.” The policy goes further to state that “this spreadsheet shall be maintained by the facility Compliance Manager and at the first of every month an email message would be sent by each DYS operated facility to the Central Office Human Resources Office requesting a background check for the individuals needing background checks for the month.” The hire and promotions procedures outlined in the agency policy is very comprehensive and covers all the elements required of this standard.

The Autauga Campus PAQ indicated the following with respect to employees, contractors, and volunteers:

- o Number of staff currently employed at the facility who may have contact with residents = 35

- o Number of staff hired by the facility during the past 12 months who may have contact with residents = 35

- o Number of contracts in the past 12 months for services with contractors who may have contact with residents = 1

- o Number of individual contractors who have contact with residents, currently authorized to enter the facility = 1

- o Number of volunteers who have contact with residents, currently authorized to enter the facility = 12

The Pre-Audit Questionnaire also indicates 3 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor did bring this reported number to the attention of the PREA Coordinator & PREA Compliance Manager to verify and make any necessary changes to the PAQ.

An interview with the Human Resources representatives revealed that all employees hired as well as contractors, are required to complete agency background checks. It

	was reported that the investigation department completes a portion of the background checks (i.e., National Crime Information Center-NCIC) and the human resources department completes the remaining portion. The human resources department initiates the request for the NCIC check to be completed by the investigation's division. The investigation department then notifies human resources via email if persons has been cleared via the NCIC. The human resources representative initiates the DHR-FCS-1598 form for each prospective employee and again at least every five years. It was also reported during the interview with the Human Resources Director that all employees complete an annual acknowledgment form (i.e., PREA 115.317) to affirm they have not engaged in sexual abuse in a correctional facility, nor any convictions (nor civil or administrative adjudications) of engaging or attempting to engage in sexual activity in a facility or institution. The auditor requested a copy of the Autauga Campus employee roster as well as a list of all contract staff and volunteers who may have contact with residents. Based on the rosters provided by the PREA Coordinator the auditor randomly selected 12 staff files for review. The record of 1 employee examined did not indicate whether the employee had been fully approved via central registry clearance. The last section of the DHR-FCS 1598's form is "to be completed by DHR," with results of either a "substantiated report", "no report located", "request denied", or "other." This section was yet blank for 1 of the records provided for review. The remaining files provided had all section competed on the DHR-FCS 1598 form with a finding of "no report located." Additionally, emails of NCIC checks and clearances were observed in the documentation provided. Further, the annual employment/appraisal questionnaire (i.e., PREA Form 117.317) was observed with staff signatures in all the records provided. Administrative files for 6 contract staff were also reviewed on site. The on-going obligation to disclose any misconduct was missing from the records of 3 contract staff. However, the missing documentation was provided to the Auditor on the final day of the onsite audit visit. During the post-audit evidence review period, Autauga Campus officials provided documentation (i.e., DHR-FCS 1598) of the central registry check clearance for the 1 staff record that was incomplete during the onsite audit. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.317: based on complying in all material ways with this standard for the review period.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Autauga Campus Pre-Audit Questionnaire (PAQ),
- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),
- Security Vulnerability Assessments, and
- Autauga Campus Camera Diagram

2. Interviews/Discussions with:

- Campus Administrator
- Autauga Campus PREA Compliance Manager
- Upper-Level Staff (3)

3. Site Review/Observations:

- Observations of areas with video surveillance on campus

Analysis and triangulation of information: this standard requires the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The Autauga Campus PAQ completed by agency officials indicates the facility's standard regarding upgrades to facilities and technologies is outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ denotes the facility has not installed or updated its video monitoring system, electronic surveillance system, or monitoring technology in the past 12 months. This information was confirmed during discussions with the PREA Compliance Manager and Campus Administrator.

The DYS Policy and Procedures 13.8.1. indicates that "when designing or acquiring a new facility and in planning any expansion or modification of existing facilities, DYS and private provider service providers shall consider the effect of all these elements on the agency's ability to protect juveniles from sexual abuse." During the site tour, cameras were observed in all common areas of the campus. The PREA Compliance Manager informed the Auditor of 69 total facility cameras and 2 servers.

Interviews with upper-level staff revealed that secure vulnerability assessments are completed at least annually for all the housing units with recommendations for improvements, and this is documented on the assessments completed. The DYS Policy and Procedures 13.8.1 indicates the vulnerability assessment "shall identify physical plant blind spots, staffing, and operational issues that need to be addressed to ensure a safe and secure environment." During the site review areas identified on the vulnerability assessments of a cameras being moved was observed. The Campus Administrator indicated that she prioritizes issues to be

	addressed from annual vulnerability assessments completed. A floor plan of the Autauga campus was provided to the auditor. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.318: based on substantial compliance in all material ways with this standard for the review period.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · “A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescent” Second Edition, April 2013, · 115.321 Victim Advocate Receipt of PREA Form, · 115.321.1 PREA Confidentiality and the Victim Advocate Form, · Contract with One Place Family Justice Center, and · Agreement Between Autauga Campus of Alabama Department of Youth Services (ADYS) and Autauga County Sheriff’s Office 2. Interviews/Discussions with: · Agency PREA Coordinator/Autauga Campus PREA Compliance Manager · Investigative Staff (2) · Random Staff (15) Analysis and triangulation of information: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings and criminal prosecutions. Autauga Campus PAQ completed by agency officials indicates the procedure for evidence protocol and forensic examinations of

investigations into allegations of sexual abuse is outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ indicated that sexual assault forensic exams are provided by a rape crisis center, however, there were no reported forensic exams conducted during the past 12 months. DYS provided a copy of the DOJ Office of Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents Second Edition DNA, April 2013" and the PREA Coordinator indicated this protocol is followed by the agency and its contract partners that provide forensic examinations or conduct PREA-related investigations. Autauga Campus of DYS has an agreement with Autauga County Sheriff's Office to conduct criminal investigations. The agreement indicates the uniform evidence protocol will be used for both internal and external investigations. The agency investigators indicated they are aware of the forensic protocol followed and aspects applicable to their investigation are incorporated into their work.

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

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

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

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.321: based on substantial compliance in all material ways with this standard for the review period.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and · Agreement Between Autauga Campus of Alabama Department of Youth Services (ADYS) and the Autauga County Sheriff’s Office 2. Interviews/Discussions with: · Agency Head (Executive Director) · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Investigative Staff (2) 3. Site Review/Observations: · Review of the agency website Analysis and triangulation of information: this standard requires the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. Autauga Campus PAQ completed by agency officials indicated the policy in place to ensure referrals of allegations for investigation is DYS Policy and Procedures 13.8.1.

Autauga Campus officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals for allegations for investigation in the past 12 months:

- o The number of allegations of sexual abuse and sexual harassment that were received = 0

- o The number of allegations resulting in an administrative investigation = 0

- o The number of allegations referred for criminal investigation = 0

The Alabama Department of Youth Services public website does have a link to a PREA policy that indicates “the special investigations unit is responsible for investigating all allegations of sexual abuse/assault/harassment.” DYS Policy and Procedures 13.8.1. includes a section for criminal and administrative investigations. Additionally, a copy of the agreement with the outside entity responsible for conducting criminal investigations was also reviewed by the auditor. The agreement with Autauga County Sheriff’s Office includes information on the responsibilities of the Autauga campus as well as that of the sheriff’s office. During the interview with the PREA Coordinator it was confirmed that an agreement is in place with the local sheriff’s department to conduct criminal investigations and that the agency has internal investigators to conduct all administrative investigations.

During interviews with the PREA Coordinator and Investigators both entities indicated there were no investigations into allegations of sexual abuse and/or sexual harassment in the past twelve months. The PREA Coordinator reported that when an incident of sexual abuse/sexual harassment is alleged, the PREA Coordinator and the PREA Compliance Manager are notified by the Campus Administrator (or Administrator on Duty), and then the PREA Coordinator submits a referral via email to the investigation department. During the interviews with the investigators, it was disclosed they receive referrals from the PREA Coordinator via email or they are assigned investigations from the department’s administrative assistant who uploads all investigations to a departmental shared drive.

The Alabama Department of Youth Services public website does have a link to a PREA policy that indicates “the special investigations unit is responsible for investigating all allegations of sexual abuse/assault/harassment.” DYS Policy and Procedures 13.8.1. includes a section for criminal and administrative investigations. Additionally, a copy of the agreement with the outside entity responsible for conducting criminal investigations was also reviewed by the auditor. The agreement with Autauga County Sheriff’s Office includes information on the responsibilities of the Autauga campus as well as that of the sheriff’s office. During the interview with the PREA Coordinator, it was confirmed that an agreement is in place with the local sheriff’s department to conduct criminal investigations and that the agency has internal investigators to conduct all administrative investigations.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency *Meets Standard 115.322*: based on complying in all material

	ways with this standard for the review period.
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · List of Facility Employees, · Employee Training Records (online training), · 115.331 Staff Receipt of PREA Forms, and updated version dated 9.22, · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools; and · “You have the right to be safe” – Pamphlet (Safe Environment Standards) 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Random Staff (15) · Medical/Mental Health Staff (2) Analysis and triangulation of information: this standard requires the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. Autauga Campus PAQ completed by agency officials indicates employee training on the agency’s zero tolerance toward all forms of sexual abuse and sexual harassment is outlined in DYS Policy and Procedures 13.8.1. The Autauga PAQ indicated there were 35 employees at the facility who may have

	contact with residents. Information on the PAQ also indicated that employees receive refresher training on an annual basis on PREA requirements. Review of the PREA PowerPoint 2020 specifies the following training topics: zero tolerance, written institutional plan, shared information guidelines, juvenile rights, protection from retaliation, dynamics of sexual abuse, common reactions of abuse victims, detecting and responding, recognizing red flags, avoiding inappropriate staff/student relationships, complying with mandatory reporting laws, laws regarding age of consent, vulnerable populations, LGBTQ youth, prohibitions related to searching transgendered or intersex students, cross-gender pat searches, what is exigent circumstances?, announcing presence of cross-gender staff persons, and first responder duties. These training topics are consistent with those required in the PREA Juvenile Facility Standards. The DYS Policy and Procedures 13.8.1 reveals that PREA training for all new employees is conducted during pre-service and mandatory annual training. Agency records with signed and dated “staff receipt of training” were examined for 30 employees completing classroom instruction on PREA requirements in 2022 and 2023. Interviews with facility staff selected at random consistently revealed that staff receive comprehensive PREA training as new hires and at least annually and all were well-versed on PREA. Interviews with medical and mental health staff revealed they also have received training according to agency policy. Several of the medical staff also are contract staff and they confirmed receiving training specific to volunteers and contract staff. The PREA Compliance Manager maintains records of facility staff, contractors, and volunteers that receive training on the agency’s zero tolerance policy, and she provided these records to the auditor for review. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Exceeds Standard</i> 115.331: based on substantially exceeding requirements in all material ways with this standard for the review period.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ),

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),
- List of Facility Volunteer and Contract Staff,
- PREA Form 115.332 Volunteer Contractor Receipt of PREA Training, and version updated 9.22, and
- PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools

2. Interviews/Discussions with:

- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager; and
- Volunteer/Contract Staff (3)

Analysis and triangulation of information: this standard requires volunteer or contract staff who interact with residents to be trained on their responsibilities under the agency's policies and procedures for sexual abuse and sexual harassment. The Autauga Campus PAQ completed by agency officials indicates the process for volunteer and contractor training is outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ indicated there were 1 individual contractor and 12 volunteers who had contact with residents at the facility. The Pre-Audit Questionnaire also specified a total of 1 contract in the past 12 months for services with contractors who may have contact with residents.

DYS Policy and Procedures 13.8.1 indicates volunteers and contractors will receive training on the agency's zero tolerance policy. The 115.332 Volunteer Contractor Receipt of PREA Training form includes a policy statement, definitions, prohibitions, reporting requirements, and acknowledgement of receipt of DYS Policy and Procedures 13.8.1. PREA Form 115.332 is signed annually by volunteers and contractors. A random sample of 7 training records for both volunteers and contractors had signatures of both contract/volunteer staff as well as a staff witness.

Interviews with several contract and volunteer staff revealed they have all been trained on the agency's zero tolerance policy to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. Each Volunteer/ Contractor interviewed also disclosed they received a copy of the agency's zero tolerance policy. None of the Volunteers/Contractors interviewed indicated they were aware of any sexual abuse or sexual harassment incidents on campus in the past 12 months.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.332: based on substantial compliance in all material ways with this standard for the review period.
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Youth Safety Guide, · Autauga C.L.I.M.B. Handbook, · 115.333 PREA Orientation, · DYS PowerPoint Presentation 115.333 – PREA Orientation, · 115.333.1 PREA Facts Every Juvenile Should Know, · PREA Pamphlet 115.333, · PREA Pamphlet 115.333S, · PREA Pamphlet 115.333LF, · PREA Form 115.333 Juvenile Confirmation of Receipt of PREA, · Braille posters, · Resident PREA Stop Assault Posters (in English and Spanish), and · What Youth Should Know About Sexual Abuse and Assault flyer 2. Interviews/Discussions with: · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Random Residents (10)

- Residents with Disabilities (2)

- Intake Staff (1)

3. Site Review/Observations:

- Observations made throughout common areas of the facility

- Informal discussions with residents

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

The Autauga PAQ showed the resident population to be 16 with a total of 162 residents being admitted into the facility within the past 12 months. A roster provided two days prior to the onsite audit indicated 12 youth were present with information on the youth's age, race, and dorm assignment, and the youth's date of entry at the facility. The PREA orientation literature examined was very comprehensive for youth and included a resident handbook, pamphlets, bright posters, toll-free numbers for both internal and outside advocacy and support services.

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

During interviews with randomly selected residents the youth consistently reported receiving PREA education on the first day of arrival to the facility. All of the youth reported that staff read out the PREA information to them and provided copies of the student handbook and pamphlets with PREA resources. The resident handbook was observed in some youth rooms on the housing units. All residents were able to recall the various ways (e.g., tell staff, call the hotline, tell parents, write a grievance, report to outside agency) they can report being sexually abused, harassed, and report abuse on behalf of other residents. The youth indicated that PREA information is posted throughout the housing units and other areas on campus for them to remember the zero-tolerance policy and numbers.

During the site review the auditor was able to observe resident PREA posters/flyers, PREA pamphlets, PREA hotline numbers, outside support services numbers and addresses in some common area of all the housing units. The resident PREA posters included information on first responder duties, 5 ways to report sexual abuse (i.e., verbal, grievance, anonymously, third-party reporting, report to a private entity or

	Alabama Disability Advocacy Program). There were also topics on the posters that including ‘help us help you,’ ‘you have the right to be free from sexual abuse,’ ‘speak out,’ and ‘stop assault.’ Intake staff disclosed the student handbook is provided to youth in the orientation unit, and it has information on the problem of abuse, staying safe, how to report abuse, and if abuse happens what residents should do. Intake Staff also reported that resident education occurs during orientation on the first day of arrival. Interviews with several lower functioning residents revealed they have been provided information on the zero-tolerance policy in a way they could understand. These residents stated that staff read information to them from the student handbook and posters about PREA, and also provided them a copy of the information upon their first day of arrival. The PREA Compliance Manager did not report any Spanish-speaking residents to the auditor during the onsite audit; however, resident education in Spanish was provided to the auditor. PREA Pamphlet 115.333 is available to all residents. PREA Pamphlet 115.333LF is for the lower functioning residents. It was like the pamphlet provided to other residents with a few minor changes in wording and fewer pictures. The PREA Pamphlet 115.333S is for the limited English Proficient residents who speak Spanish. This pamphlet (i.e., 115.333S) was a word document with a total of 6 pages. The agency’s contract with Visual Language Professionals, LLC includes the service of documentation translation. DYS Policy and Procedures 13.8.1 outlines the juvenile PREA orientation process, which is consistent with information reported by residents and specialized staff during interviews and documentation reviewed on resident education. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Exceeds Standard</i> 115.333: based on substantially exceeding requirements in all material ways with this standard for the review period.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools,

- Employee Training Records (Investigators), and
- PREA Form 115.334 Special Investigator Receipt of PREA

2. Interviews/Discussions with:

- Agency PREA Coordinator,
- Autauga Campus PREA Compliance Manager, and
- Interviews with Investigators (2)

Analysis and triangulation of information: this standard requires the agency to conduct specialized training to investigative staff on conducting investigations in confinement facilities. The Autauga Campus PAQ completed by agency officials indicated that specialized training for investigators on PREA requirements is outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ denotes the agency has 3 investigators. Discussion with the PREA Coordinator revealed there is a Chief Investigator and two Investigators. The training records were reviewed for all three investigators with the signed and dated PREA form 115.334 observed for all staff. Topics 16-20 of the investigator training included conducting sexual abuse investigations in confinement settings, techniques for interviewing juvenile sexual abuse victims, criteria and evidence required to substantiate a case for administrative action or prosecution referral, and proper Miranda and Garrity Warnings.

The DYS Policy and Procedures 13.8.1. specifies that in addition to general training provided to all employees, its investigators that conduct sexual abuse investigations will receive training in conducting such investigations in confinement facilities. Specialized training topics that are listed above are also included on the DYS Policy and Procedures 13.8.1 with maintenance of documentation on the PREA Form 115.334. The training records did not reflect specialized training received for investigative staff. The Auditor recommended online specialized investigator training available on the National Institute of Corrections (NIC) website. Two Investigators were interviewed, and they confirmed receiving the agency PREA training on the topics identified on the signed acknowledgement PREA Form 115.334.

During the post-audit evidence-review period, documentation of specialized training for all 3 investigators were provided to the Auditor in the form of a certificate of completion of online training. The training topic was "PREA: Investigating Sexual Abuse in a Confinement Setting." Certificates of completion were dated for 4/5/23 for one Investigator and 4/14/23 for the remaining investigators.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency *Meets Standard* 115.334: based on substantial compliance

	in all material ways with this standard for the review period.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA PowerPoint 2020 – PREA Refresher: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in our Schools, · Employee Training Records, and · PREA Form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training 2. Interviews/Discussions with: · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Medical and Mental Health Staff (3) Analysis and triangulation of information: this standard requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. The Autauga Campus PAQ completed by agency officials indicated specialized training for medical and mental health staff on PREA requirements is outlined in DYS Policy and Procedures 13.8.1. The Autauga Campus PAQ revealed that 100% of medical and mental health care practitioners received training required by agency policy. The 115.335 Medical and Mental Health Receipt of PREA training records were reviewed for 2 mental health staff. In addition to general PREA training provided to employees and contractors, specialized training topics (i.e., items 16-19 on PREA Form 115.335) for medical and mental health staff included: how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles, how to preserve physical evidence of sexual abuse,

	how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations of suspicion of sexual abuse and sexual harassment. DYS Policy and Procedures 13.8.1 outlines training for medical and mental health staff. The policy indicates that “facilities shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities are trained” in the specialized topic items 16-20 listed above. The PREA Coordinator informed the auditor that majority of the medical staff are contractors; however, the mental health staff are primarily agency employees. Interviews with both facility mental health staff and medical staff revealed that both standard agency training on PREA requirements had been received as well as specialized training on the topics identified above. Medical personnel indicated that while health services are offered onsite, forensic examinations take place off site at One Place Family Justice Center. The medical and mental health staff interviewed did not report any knowledge of sexual abuse or sexual harassment allegations made at the facility within the past 12 months. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.335: based on complying in all material ways with this standard for the review period.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - PREA Form 115.341 Intake Screening, and - PREA Form 115.341.2 Guidelines for Shared PREA Information, - Interviews/Discussions with: - Autauga PREA Compliance Manager - Random Residents (10)

- Staff that Perform Screening for Risk of Victimization and Abusiveness (1)
- Mental Health Staff (1)

3. Site Review/Observations:

- Observations of youth in programming and on housing units
- Informal discussions with facility staff and residents

Analysis and triangulation of information: this standard requires the agency to gather and use information about each resident's personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The Autauga Campus PAQ completed by agency officials indicated the process for obtaining information from residents is outlined in DYS Policy and Procedures 13.8.1.

The DYS Policy and Procedures 13.8.1 specifies the screening for risk of sexual victimization and abusiveness takes place within 24 hours of a resident's admission to the facility. Additionally, the policy also indicates that a PREA risk assessment is completed "periodically, at least every (6) months throughout their confinement or when warranted due to a referral..." The procedure requires documenting the initial screening, reassessment or 6-month reassessment on the PREA Form 115.341. The reassessment assessment according to the policy can be completed on the PREA Form 115.341.1. Youth at risk for victimization or abusiveness are to be reassessed within 30 days of arrival. These youth are also offered follow-up meetings with medical or mental health practitioners within 14 days of the intake screening, according to the policy. The PREA Form 115.341 includes all the information from the residents that are required by this standard. The PREA Form 115.341.2 serves as the facility's guidelines for shared PREA information to ensure staff or other residents do not exploit sensitive information about a juvenile. The form indicates that failure to adhere to guidelines shall result in progressive discipline action. Intake and mental health staff interviewed acknowledged receiving and complying with the guidelines for shared PREA information.

Informal interviews with intake staff and mental health during the site review occurred whereby a demo of intake was conducted to show the admission process, the screening process and housing assignments. Mental health and medical staff indicated that all youth are screened for sexual abuse by qualified mental health staff the first day of arrival. Formal interviews with mental health staff responsible for conducting the risk screenings took place as well as interviews with residents selected at random. During the onsite audit, no youth were present that reported prior victimization nor were there any youth who reported being gay or bisexual. All residents interviewed reported the day of arrival they are asked questions about whether they had ever been sexually abused, whether they identify as gay, bisexual, transgender, and have any disabilities. Majority of the youth interviewed, did not recall if the same questions were asked a second time. This could very well

	be since the program is short-term with an average length of stay of 28 days. Despite the program being short-term, the DYS Policy and Procedures 13.8.1. indicates that “also, periodically, at least every (6) six months throughout their confinement or when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the Juvenile’s risk of Sexual Victimization or abusiveness, PREA Form 115.341.1. PREA Risk Reassessment shall be completed.” A staffer that performs screening for risk of victimization and abusiveness stated that any youth identified as a risk for victimization or abuse are reassessed by their case manager at least every six months. A random selection of 21 resident intake records were reviewed with a completed PREA Form 115.341 in the file maintained by the PREA Coordinator. Upon completion of the intake screening a copy of the completed form is provided to the Autauga Campus PREA Compliance Manager. Twenty-one files were selected at random for the review period of the initial intake screening that was conducted on new resident admissions. No deficiencies were observed with the records received and examined. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency Meets Standard 115.341: based on substantial compliance in all material ways with this standard for the review period.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.341 Intake Screening, and · PREA Form 115.341.2 Guidelines for Shared PREA Information, · PREA Form 115.342 Housing Unit Placement, and · PREA Form 115.342.1 Isolation Activity Log · Unit logbooks

2. Interviews/Discussions with:

- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Campus Administrator
- Mental Health Staff (1)
- Staff Who Supervise Residents in Isolation (1)

3. Site Review/Observations:

- Observations of timeout rooms
- Informal interview with staff supervising residents in isolation/timeout

Analysis and triangulation of information: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program, education, and work assignments for residents. Autauga Campus PAQ completed by agency officials indicated the procedure for placement of residents in housing, bed, program, education, and work assignments is outlined in DYS Policy and Procedures 13.8.1.

Autauga Campus officials provided the following responses on the Pre-Audit Questionnaire with respect to use of screening information in the past 12 months:

o The number of residents at risk for sexual victimization who were placed in isolation = 0

o The number of residents at risk for sexual victimization who were placed in isolation who have been denied access to large muscle exercise, and/or legally required education or special education services = 0

The DYS Policy and Procedures 13.8.1 denotes the decision to place youth in special housing is documented on the PREA Form 115.342 Housing Unit Placement. Additionally, juveniles held in isolation because of risk of victimization shall have a case review every 30 days and the PREA Form 115.342.1 is the log used to document isolation activity of all youth. Services must be inclusive of education, large muscle activity, and visits from medical/mental health/administrative staff. Both the housing unit placement forms completed as well as the isolation activity logs are signed by a staff person and the Campus Administrator. The process and sign offs for housing assignments and isolation was confirmed by the Campus Administrator.

The PREA Compliance Manager informed the auditor no current youth that reported prior sexual victimization during their risk screening nor disclosed being gay during the intake screening. The PREA Compliance Manager did not report any transgender

	or intersex youth being assigned to the facility within the past 12 months. During the site review the auditor visited housing units that had youth in isolation. While there were no youth in isolation due to sexual victimization or sexual abuse; the auditor did conduct informal interviews with youth who had been placed in isolation for non-PREA- related reasons. The auditor was informed during informal interview with a youth that had been placed in isolation, he was afforded large muscle exercise, education services, and he was seen daily by medical and mental health staff. Staff that supervise youth in isolation confirmed that youth in confinement receive daily services and that the activity log is signed by education, medical/mental health, and administrative staff that come visit segregated youth. During the site review the auditor had informal discussion with medical and mental health staff that youth in isolation are visited at least three times per day by staff. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.342: based on substantial compliance in all material ways with this standard for the review period.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Autauga Campus Student Handbook, · DYS Form 1.28 Juvenile Grievance, · Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse”, · DYS Form 812 Critical Incident Report, · Alabama Department of Youth Services Policy 13.8, and · DHR-FCS – 1593 Form – State of Alabama Department of Human Services: Written Report of Suspected Child Abuse/Neglect

2. Interviews/Discussions with:

- Autauga Campus PREA Compliance Manager
- Random Staff (15)
- Random Residents (10)

3. Site Review/Observations:

- Observations made on housing units and other areas of programming Informal discussions with facility staff and residents

Analysis and triangulation of information: this standard requires the agency to provide several internal ways for residents to privately report sexual abuse or sexual harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The Autauga Campus PAQ completed by agency officials indicated the process for resident reporting is outlined in DYS Policy and Procedures 13.8.1.

The DYS Policy and Procedures 13.8.1 denotes that residents can make reports to staff, to the DYS advocacy representative or the agency PREA sexual assault hotline. Residents can also make reports using the DYS Form 1.28 Juvenile Grievance or contact public or private entities outside the agency such as rape crisis center (i.e., One Place Family Justice Center) or the Alabama Disabilities Advocacy Program (ADAP). Residents detained solely for civil immigration purposes have a number to contact the Alabama Department of Homeland Security. The Autauga C.L.I.M.B. student handbook was examined, and pages 9-11 has detailed information on PREA to include definitions and ways to report sexual abuse and consequences for violating facility rules.

Phone numbers for both internal and external reporting entities were observed during the site review on flyers posted throughout the facility in common areas frequented by residents. The address of ADAP was also included on several postings throughout the campus. Grievance forms and secure boxes were observed on every housing unit during the site review. The auditor contacted each number on the flyers posted for resident reporting and did not encounter any connection issues. The PREA Coordinator receives all the PREA sexual assault hotline calls via a cell phone that was on her person during the site review. The phones used on the housing units to make PREA hotline calls were located in staff offices and staff also had unit cell phones available for youth to use for calls. The Campus Administrator stated residents can make confidential calls with their case managers if they did not feel comfortable asking direct care staff to make a hotline call and they can also go into the staff office for confidential calls to the PREA hotline or outside support

	entities. Interviews with residents selected at random revealed they were well-versed on the multiple reporting mechanisms in place to privately report sexual abuse, sexual harassment, and retaliation for reporting PREA incidents. Facility staff were knowledgeable on the ways in which residents could privately report sexual abuse or sexual harassment as well as the ways in which facility staff could do the same. During the random staff interviews it was consistently reported that if a youth makes a verbal report of abuse or harassment, staff will document the allegation on a written report and submit it no later than the end of their current shift. Staff confirmed that written reports are documented on the critical incident report forms (i.e., DYS 100.1, DYS Form 812, and DHR-FCS-1593). During the site review on day one of the onsite audit, the Auditor observed that a few common areas within the facility did not have PREA posters. It was recommended that additional posters be placed in these areas. The PREA Compliance Manager added additional PREA posters to recommended areas and during day two of the onsite audit, the auditor conducted a follow-up site review and observed PREA posters in all common areas. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.351: based on substantial compliance in all material ways with this standard for the review period.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Facility Response doc, · DYS Policy 1.13 Youth Grievance Process, · DYS Form 1.28, · 2021 Annual Cumulative Summary of Grievances filed doc, and

- Investigative files

2. Interviews/Discussions with:

- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Random Residents (10)
- Investigators (2)

3. Site Review/Observations:

- Observations on housing units of grievance boxes and forms

Analysis and triangulation of information: this standard requires agencies to have procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The Autauga Campus PAQ completed by agency officials indicated exhaustion of administrative remedies is outlined in DYS Policy and Procedures 13.8.1.

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

- o The number of grievances that were filed that alleged sexual abuse = 0
- o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = 0
- o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = 0
- o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = 0

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

The PREA Coordinator informed the auditor that DYS Policy 1.13 and not DYS Policy 1.28 relates to the Juvenile Grievance Process. The PREA Coordinator stated there is no time limit on when a grievance can be filed. Youth interviewed at random all indicated that filing a grievance is one of the confidential ways to report sexual

	abuse and/or sexual harassment at the facility. During the site review the auditor observed secure grievance boxes and forms on all housing units that were occupied by residents. The resident outgoing mailbox area was observed in the administrative suite. The PREA Coordinator reported there were no PREA-related grievances filed during the review period. The auditor requested a copy of the facility report that is an annual summary of all grievance filed in 2022 as a method to verify no PREA-related grievances being filed. Additionally, during random resident interviews, no youth reported filing any grievances related to sexual abuse or sexual harassment during the review period. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.352: based on substantial compliance in all material ways with this standard for the review period.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse”, · Alabama Disabilities Advocacy Program (ADAP) Poster, and · Contract with One Place Family Justice Center 2. Interviews/Discussions with: · Autauga Campus PREA Compliance Manager · Campus Administrator · Random Residents (10)

	3. Site Review/Observations: Observations made on housing units and other areas of programming Analysis and triangulation of information: this standard requires the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The Autauga Campus PAQ completed by agency officials indicated the process for resident access to outside support services and legal representation is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 was reviewed and it showed that juveniles have access to “ADAP or to the other MOU Rape Crisis Center that is not a part of the facility.” The contract with One Place Family Justice Center was reviewed and services encompass victim advocates providing support services for sexual abuse. Alabama Disabilities Advocacy Program (ADAP) provides treatment and services for victims of abuse and neglect and this information is displayed on the posters on campus. During the site review the phone numbers of three (3) outside support services were observed in common areas of the campus that are frequented by residents. In addition to toll-free hotline numbers, a mailing address was included for one of the outside support service providers. One of the outside support services was for juveniles detained solely for Civil Immigration purposes. It was revealed during random interviews with residents that youth are permitted to talk with their lawyer privately as well as their probation officers. All residents reported they can speak with their parents/guardians upon arrival and prior to completing the program. Due to the short duration and nature of the program, family visits do not typically occur. Youth also reported they can have confidential meetings with their attorney if needed. The Campus Administrator and PREA Compliance Manager both confirmed that visitation that outside support services are available through both informal and formal agreements and that youth are permitted to speak with parents/guardians via phone; however, family visits are not routine. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.353: based on substantial compliance in all material ways with this standard for the review period.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Autauga Campus Pre-Audit Questionnaire (PAQ),
- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),
- DYS Form 115.354 Third-Party Reporting,
- PREA Resident Posters (both English and Spanish), and
- Document labeled “Important Numbers for Juveniles to Know to Report Sexual Abuse”

2. Interviews/Discussions with:

- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Random Residents (10)

3. Site Review/Observations:

- Observations made on housing units and other areas of programming
- Review of the agency website

Analysis and triangulation of information: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The Autauga Campus PAQ completed by agency officials indicated that third-party reporting is outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procedures 13.8.1 denotes that third-party reporting is available via its PREA Form 115.354 Third-Party Reporting. This form is accessible to facility staff and individuals outside the facility on the agency website in the PREA section. Instructions included on the form directs individuals to email or mail the completed form to the DYS PREA Coordinator at an address provided on the form. The auditor was able to view and print a copy of the third-party reporting form directly from the DYS website. The PREA Coordinator did not disclosed receiving any third-party reports in the past 12 months regarding sexual abuse and sexual harassment at the Autauga campus.

Residents were asked during formal interviews if they were permitted to make reports on behalf of other residents about sexual abuse and harassment and the youth indicated they are permitted to do so. They also indicated that someone else can file a report on their behalf of sexual abuse or sexual harassment experienced at the facility. During the site review, the resident PREA Poster observed in housing

	units lists “Third-Party Reporting” as one of the five ways to report sexual abuse and sexual harassment. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.354: based on substantial compliance in all material ways with this standard for the review period.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · DYS Policy 8.12 Critical Incident Report · DYS Form 13.16 Child Abuse Reporting, · DHR-FCS-1593 State of Alabama Department of Human Services: Written Report of Suspected Child Abuse/Neglect · Sample of reports from investigative files, and · Alabama mandatory reporting laws - Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Medical/Mental Health Staff (2) · Random Staff (15) Analysis and triangulation of information: this standard requires agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local

services, while also protecting the alleged victim's privacy. Additionally, this standard requires facility management to report allegation of sexual abuse to the appropriate agency office, the alleged victim's parent or legal guardian and legal representative. The Autauga Campus PAQ indicates that staff and agency reporting duties are outlined in DYS Policy and Procedures 13.8.1.

In the interviews with random staff each of them reported that all staff are required by policy to report knowledge, suspicion, or information regarding sexual abuse and sexual harassment up the chain of command. This requirement is outlined in DYS Policy and Procedures 13.8.1. The procedure per the policy includes staff reporting to their supervisor, and then the supervisor reporting it to the campus administrator. The staff first responder initiates the DYS Form 8.12 Critical Incident Report. If indicated, the DYS Form 13.16 Child Abuse Reporting is also initiated. The Investigation, and Programs and Client Services/Community Services departments are all notified by the PREA Coordinator. According to DYS Policy and Procedures 13.8.1 the DYS Special Investigations Unit (SIU) determines if the allegation is credible and if so, notifications are also made to parents/guardian/CPS workers, attorneys, and the juvenile court within 14 of receipt of the allegation. The Campus Administrator confirmed staff reporting requirements, that she is notified of all critical incidents, and she in turn makes notification to the PREA Coordinator. The PREA Coordinator indicated that she makes notifications to the investigators as well other agency leaders. The PREA Compliance Manager reported that he is the designated representative to notify the alleged victim's parents/ guardians and legal representatives regarding sexual abuse allegations. The PREA Compliance Manager and Campus Administrator are designated persons responsible for conducting retaliation monitoring at the facility. All the random staff selected for interview did not report any knowledge, suspicion, or information regarding sexual abuse and sexual harassment within the past 12 months.

A google search of the Alabama mandatory reporting laws was conducted by the auditor. The Alabama Department of Child Abuse & Neglect Prevention signifies mandatory reporters as "teachers, child day care center operators, mental health professionals, and who have children in their care for long periods of time or in counseling situations." Interviews with medical and mental health staff revealed that residents are informed of limitations of confidentiality and duty to report PREA-related incidents to supervisors. None of the medical and mental health staff or random staff interviewed indicated that a youth has reported an allegation of sexual abuse or sexual harassment to them within the past 12 months. The PREA Compliance Manager provided the auditor with a copy of all forms that are applicable to this standard.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency *Meets Standard* 115.361: based on substantial compliance in all material ways with this standard for the review period.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Agency Head (Executive Director) · Random Staff (15) Analysis and triangulation of information: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The Autauga Campus PAQ indicates the agency protection duties are outlined in DYS Policy and Procedures 13.8.1. The Autauga Campus PAQ specified there were no instances within the past 12 months whereby the agency or facility had determined that a resident was exposed to a substantial risk of imminent sexual abuse. DYS Policy and Procedures 13.8.1 states that if a “juvenile is subject to a substantial risk of imminent sexual assault, immediate actions shall be taken to protect the juvenile and reporting shall be made up the chain of command.” Interviews with the Agency Head, PREA Coordinator, Campus Administrator, and facility staff selected at random revealed that immediate action is required and taken by all staff to protect residents from a substantial risk of imminent sexual abuse, to include separating the alleged victim from the offender. The random staff selected for interview did not report any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment within the past 12 months. The PREA Compliance Manager confirmed there were no residents during the review period that were subject to imminent sexual abuse at the Autauga campus.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.362: based on substantial compliance in all material ways with this standard for the review period.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1); and · PREA Form 115.363 Reporting to Other Confinement Facilities 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Agency Head/Executive Director · Investigative Staff (2) Analysis and triangulation of information: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The Autauga Campus PAQ indicates that reporting PREA incidents to other confinement facilities is outlined in DYS Policy and Procedures 13.8.1. The Autauga Campus PAQ indicated there was 0 “allegations of sexual abuse the facility received from other facilities within the past 12 months.” The Autauga Campus PAQ also indicated there were 0 “allegations the facility received that a resident was abused while confined at another facility.” The DYS Policy 13.8.1 indicates that “upon receiving an allegation that a Juvenile was Sexually Abused while confined at another Facility, the head of the Facility that received the allegation shall notify the head of the Facility or appropriate office of the Facility where the alleged abuse occurred and shall also notify the appropriate investigative

	Agency, using PREA Form 115.363 Reporting to Other Confinement Facilities.” The policy goes further to state that notification must be made “no later than 72 hours after receiving the allegation.” The receiving facility administrator must ensure that the allegation is investigated in accordance with the PREA standards and the “outcome of the investigation shall be provided to the Facility that initiated the allegation from the Juvenile.” During the interview with the Agency Head, it was reported there were no sexual abuse or sexual harassment incidents reported from another confinement facility to the executive office in the past 12 months. In the event such a report is received, the point of contact would be the PREA Coordinator, who would ensure that the investigation division is notified, and an investigation occurs as per the agency policy. The PREA Coordinator and Campus Administrator both indicated that all allegations of sexual abuse and sexual harassment at the Autauga campus, are referred for a prompt investigation, to include reports that come from another confinement facility. The Campus Administrator would notify the PREA Coordinator and PREA Compliance Manager of such reports received and the PREA Coordinator would refer the allegation to the investigations division. The investigative staff reported they are responsible for investigating sexual abuse allegations of both state-operated and contract residential facilities. Investigators are promptly notified of allegations and initiates investigations in accordance with DYS Policy and Procedures 13.8.1. During discussions with the PREA Coordinator & PREA Compliance Manager it was revealed that within the past 12 months, Autauga Campus did receive 0 allegation that a resident was abused while confined at another facility. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.363: based on substantial compliance in all material ways with this standard for the review period.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),

- PREA PowerPoint 2020,
- First Responder Duties - Poster
- PREA Form 115.364 First Responder Checklist,
- PREA Form 115.364.1 First Responder Guidelines for Sexual Assault, and
- PREA Form 115.371 Process for Investigating Sexual Assaults

2. Interviews/Discussions with:

- Campus Administrator
- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Medical/Mental Health Staff (1)
- Random Residents (10)
- Random Staff (15)
- Security Staff Who Have Acted as First Responders (3)
- Investigative Staff (2)

Analysis and triangulation of information: this standard requires that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The Autauga Campus PAQ indicates that staff 1st responder duties are outlined in DYS Policy and Procedures 13.8.1.

The Autauga Campus PAQ completed by agency officials indicated there were 0 allegations that a resident was sexually abused in the past 12 months. DYS Policy 13.8.1 denotes that staff first responders are required to separate alleged victims and abusers, preserve evidence, and report up the chain of command. Training material reviewed (i.e., PREA PowerPoint 2020) also includes information on slides 36-37 about the duties of first responders. PREA Form 115.364.1 has twenty (20) detailed guidelines to follow in the event sexual abuse occurs. Additionally, PREA Form 115.364 is the actual checklist for first responders to follow. The checklist includes details on separating the alleged victim from the aggressor, securing the location, immediate notification of the unit manager who notifies the campus administrator/ administrator on duty (AOD), who in-turn contacts the special investigations unit. Further, referral for medical assessment and taking notes on what is shared, and by whom is documented by the first responder. The PREA Form 115.371 is a flow chart of the process for investigating sexual assault allegations

	and the process flow begins with ‘juvenile allegations of sexual assault discovered/ reported to first responders.’ The PREA Compliance Manager and Campus Administrator indicated that all facility staff are trained as first responders. During random interviews with staff, each person could articulate their duties as a first responder, however, none of the staff reported they had to serve in this capacity in the past 12 months. The Autauga Campus PAQ also indicated there were 0 instances of non-security staff acting as first responders to allegations that a resident was sexually abused in the past 12 months. Since it was reported that all facility staff are trained as first responders, several staff were interviewed and all were able to articulate their duties of separating the alleged victim and abuser, securing the crime scene to protect any evidence until the proper steps can be taken to collect it. When asked how evidence is protected, staff first responders provided examples such as not allowing the alleged victim and abuser to brush their teeth, change clothes, take a shower, use the restroom, or eat. During the random resident interviews all youth reported feeling safe at the facility and did not disclose any sexual abuse or sexual harassment incidents during the review period. Additionally, none of the youth selected at random disclosed reporting prior victimization during the intake process or at any point during the placement period. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.364: based on substantial compliance in all material ways with this standard for the review period.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.365 Written Institutional Plan, · Autauga Campus Coordinated Response document, and

	· DYS Form 8.12 Critical Incident Report 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The Autauga PAQ indicates the facility coordinated response is outlined in DYS Policy and Procedures 13.8.1. The DYS Policy and Procedures 13.8.1 states the facility administrator shall have a “written institutional plan to coordinate the actions of all staff in the event a sexual assault occurs.” First responders are to initiate DYS Form 8.12 Critical Incident Report with the coordinated response within 72 hours after receipt of the allegation. The Campus Administrator did confirm that a written institutional plan is in place which is the coordinated team response to sexual abuse that occurs at the Autauga campus. The PREA Coordinator and PREA Compliance Manager informed the auditor the coordinated response is inclusive of staff 1st responders, medical and mental health staff, investigative staff, and facility leadership. The Autauga Campus Coordinated Response document was reviewed, and it details the roles and responsibilities of agency and facility officials from different disciplines with respect to a coordinated and efficient response to victims of sexual abuse. The written plan states a coordinated response will occur for incidents of alleged sexual abuse “within 72 before after receipt of the allegation involving contact between the penis and the vulva or the penis and the anis, including penetration, however, slight; contact between the mouth and the penis, vulva or anus; penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument.” The written institutional plan outlines procedures for first responders, medical staff, mental health staff, administrator on duty (AOD), investigator (s), facility leadership. The coordinated team response is chaired by the Campus Administrator and the PREA Compliance Manager prepares a report of findings and recommendations for improvement. Both the Campus Administrator and PREA Compliance Manager confirmed their role in the coordinated response team. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.365: based on substantial compliance in all material ways with this standard for the review period.
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115.366	Preservation of ability to protect residents from contact with
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	abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · PREA Coordinator · Autauga Campus Compliance Manager · Campus Administrator Analysis and triangulation of information: this standard requires the agency to avoid entering into agreements that would forbid the agency from removing an alleged staff sexual abuser from the post that involves interaction with residents, as a preventive measure during an investigation or a determination of discipline. The Autauga Campus PAQ indicates preservation of the agency’s ability to protect residents from contact with abusers is outlined in DYS Policy and Procedures 13.8.1. The PAQ completed by Autauga officials indicated the agency does not have a collective bargaining agreement in place that prohibits the agency from removing alleged staff sexual abusers from residents pending the outcome of an investigation. The DYS Policy and Procedures 13.8.1 indicates “the facility administrator/designee shall ensure that the alleged victim and Aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant.” The PREA Coordinator informed the auditor there is no agreement in place that prohibits the agency from removing alleged staff sexual abusers from contact with residents pending investigation. Additionally, the Campus Administrator reported that staff are placed on no-contact with residents pending the outcome of an investigation into sexual abuse. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.366: based on substantial compliance in all material ways with this standard for the review period.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.367 Protections Against Retaliation, · PREA Form 115.367 Status Check, and · Investigative files · Memo [RE: Protections Against Retaliation] 2. Interviews/Discussions with: · Campus Administrator · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Agency Head (Executive Director) · Investigative Staff (2) Analysis and triangulation of information: this standard requires the agency to protect residents and staff from retaliation coming from other residents and staff. The Autauga Campus PAQ indicates the agency's procedure for protection against retaliation is outlined in DYS Policy and Procedures 13.8.1. The PAQ completed by agency officials indicated there were 0 residents in isolation as a measure to protect them from sexual abuse or sexual harassment in the past 12 months. Additionally, the Autauga Campus PAQ indicated there were 0 incidents of retaliation in the past 12 months resulting from a report of sexual abuse or sexual harassment. Further, the Autauga PAQ states that retaliation monitoring takes place for a 90-day period. The DYS Policy and Procedures 13.8.1 denotes "for at least 90 days following a report of Sexual Abuse" the Campus Administrator will designate which staff members are charged with monitoring retaliation. The PREA Compliance Manager reported that he is responsible for monitoring

	retaliation of PREA allegations for youth and the Campus Administrator is responsible for monitoring it for staff. Examples provided as to how residents are protected from retaliation include monitoring resident behavior management levels, housing and programming changes, as well as checking in with the resident periodically throughout a 90-day period. Retaliation is monitored for staff by reviewing performance reviews, disciplinary reports, and transfers to other locations. The DYS Policy and Procedures 13.8.1 states that 90 days of the initial monitoring can be extended if the initial monitoring “indicates a continued need.” The Agency Head confirmed in his interview, the zero-tolerance policy does outline measures that are in place to protect staff and residents against retaliation. The PREA Form 115.367 has sections that include 13 weeks of monitoring any occurrences of retaliation with comments, as well as information on whether there is a continued need for retaliation monitoring. DYS Policy and Procedures 13.8.1 indicates “the facility shall employ multiple protective measures, such as housing changes or transfers for Juvenile victims or abusers, removal of alleged staff or Juvenile abusers from contact with victims, and emotional support services for Juveniles or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.” During interviews with residents selected at random, no resident disclosed that he reported any allegations of sexual abuse to staff during the past 12 months. Additionally, review of investigation incident tracking logs did not reveal any sexual abuse or sexual harassment incidents for the Autauga campus and this was also confirmed in interviews with investigative staff and the PREA Coordinator. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.367: based on substantial compliance in all material ways with this standard for the review period.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - PREA Form 115.342.1 Isolation Activity Log, and

- Unit Logbooks

2. Interviews/Discussions with:

- Campus Administrator
- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Medical/Mental Health Staff (1)
- Staff that Supervise Residents in Isolation (1)

3. Site Review/Observations:

- Observations of timeout rooms
- Informal interview with staff that supervise residents in isolation

Analysis and triangulation of information: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The Autauga Campus PAQ indicates the agency's procedure for post-allegation protective custody is outlined in DYS Policy and Procedures 13.8.1.

The PAQ completed by Autauga officials indicated 0 instances within the past 12 months of residents being at risk for sexual victimization and 0 occurrences of residents being placed in isolation due to suffering sexual abuse. The DYS Policy and Procedures 13.8.1 indicates that "Juveniles at risk of sexual victimization, or those juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged." When residents are placed in isolation as a protective measure, the PREA Form 115.342.1 is completed, which documents daily large-muscle exercise and any legally required educational programming or special education services.

The Campus Administrator and PREA Compliance Manager did not recall any instances of a youth being placed in timeout as a result of suffering sexual abuse in the past 12 months. She stated such protective measures would only be used as a last resort after exhausting all less restrictive measures. During interviews with medical and mental health staff it was reported that youth in isolation are visited daily, and visits are documented in logbooks or on the PREA Form 115.342.1.

The PREA Compliance Manager disclosed on day one of the onsite audit, there were no residents in timeout/isolation due to protections against sexual abuse or sexual harassment. During the site review, the auditor did visit housing units that had timeout rooms which was an empty room with surveillance. Informal interviews with staff that supervise residents in timeout/isolation revealed that youth are afforded

	programming and services daily and that medical and mental health, as well as administrators on duty visit units with residents in isolation and document those visits. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.368: based on substantial compliance in all material ways with this standard for the review period.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.371.1 Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment, · Administrative Investigative Files, · Investigative Tracking Spreadsheet, and · PREA Coordinator records · Autauga Campus Compliance Manager records 2. Interviews/Discussions with: · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Campus Administrator · Investigative Staff (2) Analysis and triangulation of information: this standard requires that all allegations of sexual abuse and sexual harassment be promptly investigated through an

objective investigation. The Autauga Campus PAQ completed by agency officials indicates the facility's procedure for criminal and investigative agency investigations are outlined in DYS Policy and Procedures 13.8.1.

Department of Youth Services (DYS) Policy and Procedures 13.8.1 specifies that Alabama Department of Youth Services "has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The policy goes on to state that "at the conclusion of all PREA investigations, the investigator shall complete PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment and submit it to the facility PREA compliance monitor for processing with the Juvenile."

The Autauga Campus PAQ completed by agency officials prior to the onsite audit indicated there are 3 investigators employed with the responsibility of conducting administrative and criminal investigations into allegations of sexual abuse or sexual harassment. The Autauga Campus PAQ also denotes the local sheriff's department is an external entity responsible for criminal investigations. Below are responses provided by agency officials on the Autauga Campus PAQ with respect to allegations of sexual abuse and sexual harassment within the past 12 months:

- o The number of allegations of sexual abuse and sexual harassment that were received = 0

- o The number of allegations resulting in an administrative investigation = 0

- o Referring to allegations received, all administrative and/or criminal investigations that were completed = 0

- o Number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the past PREA audit = 0

In the interviews with the PREA Coordinator, Campus Administrator, PREA Compliance Manager, and Investigative staff, they all indicated there were no allegations of sexual abuse or sexual harassment received or investigated during the audit review period for the Autauga Campus. This information shared was consistent with what was documented on the Pre-Audit Questionnaire as well as the investigative tracking spreadsheet. The PREA Coordinator informed the auditor there is a Chief Investigator and two Special Investigators that report to the chief. During random staff and random resident interviews there were no reports of sexual abuse or sexual harassment disclosed to the auditor.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency *Meets Standard* 115.371: based on substantial compliance in all material ways with this standard for the review period.

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

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment, and · 115.373 Juvenile Notification of Investigation Outcome, 2. Interviews/Discussions with: · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Investigative Staff (2) Analysis and triangulation of information: this standard requires that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Autauga Campus PAQ indicates the facility's procedure for resident reporting is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 states "Juveniles who have been the victim of a Sexual Abuse and Sexual Harassment shall receive notification of determined outcomes documented using PREA Form 115.373 Juvenile Notification of Investigative Outcome. The Juvenile notification of Investigative Outcome shall be submitted to the facility PREA compliance monitor, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification." DYS officials provided the following responses on the Autauga Campus Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months: - o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0 - o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation

	= 0 o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0 o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No Review of a sample of investigative tracking spreadsheet provided to the auditor revealed 0 investigations of alleged sexual abuse involving residents during the review period. This information was corroborated in interviews with investigative staff, the PREA Coordinator as well as the PREA Compliance Manager. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.373: based on substantial compliance in all material ways with this standard for the review period.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), and 2. Interviews/Discussions with: · Agency PREA Coordinator · Autauga Campus PREA Compliance Manager · Administrative (Human Resources) Staff (2) Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The Autauga Campus PAQ indicates the facility's supervision and monitoring plan is outlined in DYS Policy and Procedures 13.8.1.

	DYS Policy and Procedures 13.8.1 states “staff shall be subject to disciplinary sanctions up to and including termination for violating Facility Sexual Abuse or Sexual Harassment policies.” It goes further to state that “termination shall be the presumptive disciplinary sanction for staff who has engaged in Sexual Abuse.” Autauga Campus officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months: - o The number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies = 0 - o The number of staff from the facility that have disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies = 0 - o The number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies = 0 Information provided on the PAQ completed by Autauga Campus officials about staff disciplinary sanctions was consistent with information shared by the Director of Human Resources and her support staff during interviews with the auditor. The agency takes all allegations of staff sexual abuse and sexual harassment very serious as well as takes immediate measures to impose disciplinary sanctions that are commensurate with the nature and circumstances of the acts committed. Based on information provided on the Autauga Campus PAQ as well as discussions with human resources staff, there were no records to sample with respect to staff terminations, resignations, or other sanctions for violations of the sexual abuse and sexual harassment policy in the past 12 months at the Autauga campus. The PREA Coordinator as well as the PREA Compliance Manager confirmed in interviews that no staff from the Autauga campus had been disciplined for violating the agency sexual abuse and sexual harassment policy during the review period. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.376: based on substantial compliance in all material ways with this standard for the review period.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of:

	· Autauga Campus Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Campus Administrator · PREA Compliance Manager Analysis and triangulation of information: this standard requires consequences for contractor or volunteer violations of the agency's sexual abuse and sexual harassment policies. The Autauga Campus PAQ indicates corrective action for contractors and volunteers is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures indicates "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." DYS officials provided the following responses on the Pre-Audit Questionnaire with respect to corrective actions taken against contractors and volunteers in the past 12 months: - o Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents = No - o The number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents = 0 DYS officials did not provide any documentation to the auditor of any referrals being made to law enforcement and/or relevant licensing bodies in the past 12 months. The Campus Administrator indicated she was not aware of any remedial measures taken against any contractors or volunteers due to violating the agency's policy regarding sexual abuse and sexual harassment. The PREA Compliance Manager oversees PREA files for contractor and volunteer staff. The PREA Compliance Manager did not disclose any corrective actions taken against contractors or volunteers during the review period. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.377: based on substantial compliance in all material ways with this standard for the review period.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Autauga Campus Pre-Audit Questionnaire (PAQ),
- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1),
- Autauga Campus C.L.I.M.B. Student Handbook
- PREA Form 115.342.1 Isolation Activity Log, and

2. Interviews/Discussions with:

- Campus Administrator
- Mental Health Staff (1)

Analysis and triangulation of information: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The Autauga Campus PAQ indicates interventions and disciplinary sanctions for residents are outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procedures 13.8.1 denotes “any disciplinary sanction shall be commensurate with the nature and circumstances of the abuse committed, the Juvenile’s disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a Juvenile, facilities shall not deny the Juvenile daily large-muscle exercises or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using PREA Form 115.342.1 Isolation Activity Log.” The policy goes further to state “if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility shall consider whether to offer the offending Juvenile participation in such interventions.”

The Campus Administrator did not disclose any instances of disciplinary sanctions taken against residents within the past 12 months because of sexual abuse or sexual harassment of another resident. Interviews with mental health staff revealed the facility offers both individual and group sexual behavior counseling and treatment to residents at Autauga Campus.

The Autauga C.L.I.M.B. student handbook provides residents with information on what is considered a major rule violation. Such violations include sexual assault or

	sexual conduct with consequence and disciplinary charges that could be filed against violators. Autauga Campus officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months: - o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0 - o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0 - o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0 Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.378: based on substantial compliance in all material ways with this standard for the review period.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.381 Clinical Services Consent to Treatment, · PREA Form 115.381a Release of Information, · PREA Form 115.381.1 Mental Health File Access Register, and · PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate 2. Interviews/Discussions with: · Campus Administrator

- Agency PREA Coordinator
- Autauga Campus PREA Compliance Manager
- Medical and Mental Health Staff (3)
- Staff that Perform Screening for Risk of Victimization and Abusiveness (1)

3. Site Review/Observations:

- Informal discussions with medical and mental health staff

Analysis and triangulation of information: this standard requires facilities to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The Autauga Campus PAQ indicates information on this standard is outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procures 13.8.1 indicates "If the screening indicate that a resident has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse, whether it occurred in an institution setting or in the community, staff shall ensure that the Juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The policy goes further to state that "qualified facility staff members trained as Victim Advocates shall provide crisis intervention services to victims of sexual abuse and shall complete before providing services PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate."

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

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

The PREA Compliance Manager informed the auditor there were no residents at the facility who disclosed prior victimization during his intake screening nor were there any disclosures for the past 12 months. The PREA Compliance Manager stated that he serves as a victim advocate for the campus. An interview with Autauga Campus staff who perform screenings for risk of victimization and abusiveness took place. Mental health staff informed the auditor that any resident who discloses prior sexual victimization or abusive behavior is offered a follow-up meeting with a medical or mental health practitioner.

	During the site review the auditor conducted observations and informal interviews with both medical and mental health staff. Medical staff provided the auditor with copies of documentation used to assess and treat residents. The auditor asked medical and mental health staff to whom they disclose information learned from screening. The auditor was informed of the tracking log to access a resident's file, which is in place to ensure only staff needing access are reviewing the file. The 115.381.1 Mental Health File Access Register includes a section for "file checked out by." The auditor was able to review the register during the site review and informal interviews with clinical staff. Clinical staff ask residents over the age of 18 to sign a release of information document before reporting information about prior sexual victimization that did not occur in an institutional setting (i.e., PREA Form 115.381a). Information about sexual victimization or abusiveness is limited to clinical staff and upper management (e.g., campus administrator) staff making facility security and management decisions. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.381: based on substantial compliance in all material ways with this standard for the review period.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - PREA Form 115.321.1 PREA Confidentiality and the Victim Advocate - Interviews/Discussions with: - Medical and Mental Health Staff (3) - Site Review/Observations: - Informal discussions with residents during site review Analysis and triangulation of information: this standard requires the facility the

	provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The Autauga Campus PAQ indicates access to emergency medical and mental health services are outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 provides detailed information on the medical and mental health staff responsibilities following an allegation of sexual abuse. Treatment of alleged victims of sexual abuse must occur within 72 hours of an incident. On-site nursing treatment services are limited to stabilizing the resident without interfering with evidence. A forensic examination is immediately requested of the Rape Crisis Center under contract with the facility. The policy indicates that forensic exams are available at no cost to residents with the exam being performed by a SAFE/SANE. According to the policy, the facility also can provide a qualified victim advocate in the event the rape crisis center does not provide such services. During formal interviews with both medical and mental health staff, all reported that resident victims of sexual abuse will have unimpeded access to emergency medical treatment as well as crisis intervention services. None of the medical and mental health staff disclosed any knowledge or suspicion of sexual abuse or sexual harassment of residents in the past 12 months. The nature and scope of emergency and mental health services are determined according to the professional judgment of practitioners. The facility has only male residents; however, they would be offered treatment for sexually transmitted infections following any incidents of sexual abuse that occurs at the facility. Residents in the education setting were asked about access and locations of mental health services. All of the youth reported that counseling with their therapist occurs in the counselors office. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.382: based on substantial compliance in all material ways with this standard for the review period.
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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
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), and - State of Alabama Department of Youth Services Prison Rape Elimination Act

	(PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1) 2. Interviews/Discussions with: · Mental Health Staff (1) Analysis and triangulation of information: this standard requires nonemergency medical and mental health treatment to be offered to resident who are victims of sexual abuse in the facility. The Autauga Campus PAQ indicates ongoing medical and mental health care for sexual abuse victims and abusers is outlined in DYS Policy and Procedures 13.8.1. Interviews with mental health staff revealed that Autauga Campus offers individual and group counseling services onsite to its residents, to include substance abuse treatment. Informal interviews with medical staff indicated testing for sexually transmitted infections are offered at no cost to any resident who has been sexually abused during their stay at Autauga Campus; however, medical staff could not recall any resident needing such testing in the past 12 months. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.383: based on substantial compliance in all material ways with this standard for the review period.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Form 115.386 Sexual Abuse Critical Incident Review, · Administrative Investigation Files 2. Interviews/Discussions with: · Agency PREA Coordinator

- Autauga Campus PREA Compliance Manager
- Campus Administrator

Analysis and triangulation of information: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The Autauga Campus PAQ indicates the procedures for the sexual abuse incident review is outlined in DYS Policy and Procedures 13.8.1.

DYS Policy and Procedures 13.8.1 states “the facility PREA monitor shall conduct a Sexual Abuse incident review using PREA Form 115.386 Sexual Abuse Critical Incident Review at the conclusion of every Sexual Abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.” The policy goes on to state the review team shall “prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the Facility head and DYS/contract service provider PREA Coordinator.”

The DYS officials provided the following responses on the Autauga Campus Pre-Audit Questionnaire with respect to the sexual abuse incident reviews in the past 12 months:

- o The number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents = 0
- o The number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents = 0

Discussion with both the PREA Coordinator, Autauga Campus PREA Compliance Manager and Campus Administrator revealed there were no sexual abuse incident review meetings that occurred in the past twelve months for the Autauga campus. The Campus Administrator informed the auditor the review team includes upper-level management officials with input from unit managers, investigators, medical and mental health practitioners. All sexual abuse incident review team finding reports are maintained by the PREA Compliance Manager. While there were no sexual abuse incident reviews conducted during the past 12 months, the auditor did request to view a copy of the most recent/last sexual abuse incident review completed for the Autauga campus.

Administrative investigation files tracking logs were provided to the auditor for review. None of the logs revealed any completed administrative investigation of alleged sexual abuse. Additionally, none of the logs provided for review contained any completed administrative or criminal investigations that were substantiated or unsubstantiated within the past 12 months.

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

	auditor that the agency <i>Meets Standard</i> 115.386: based on substantial compliance in all material ways with this standard for the review period.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - PREA Annual Report – 2020, 2021 - Interviews/Discussions with: - Agency PREA Coordinator - Agency Head (Executive Director) - Autauga Campus PREA Compliance Manager - Site Review/Observations: - Review of PREA section on the agency website Analysis and triangulation of information: this standard is about the incident- based data gathered by the facility for every allegation of sexual abuse at its campus. The Autauga Campus PAQ indicates its standard for data collection is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes “facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report.” Facilities are to “maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and Sexual Abuse incident reviews.” The PREA Annual Report for 2020 was observed on the agency website. During the final day of the onsite audit, the PREA Coordinator provided the auditor with the PREA Annual Report for 2021. Both the PREA Coordinator and Agency Head confirmed completion of the annual report as both signed off on the report on 3/29/

	23. During previous discussions with the PREA Coordinator it was disclosed the “PREA Form 115.387 PREA Data Report” is no longer used by the department. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.387: based on substantial compliance in all material ways with this standard for the review period.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), and · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · PREA Annual Report – 2020, 2021 - Interviews/Discussions with: · Agency PREA Coordinator · Agency Head (Executive Director) - Site Review/Observations: · Review of PREA section on the agency website Analysis and triangulation of information: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The Autauga Campus PAQ indicates sexual abuse and sexual harassment data review for corrective action is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 states “the Agency PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the Agency Sexual Abuse prevention, detection, and response policies and practices.” Each agency annual report “shall be approved by the Agency Executive Director and made readily available to the public through the website.”

	During interviews with the Agency Head and PREA Coordinator it was disclosed that an annual PREA report is completed by the PREA Coordinator. The report is signed by both the PREA Coordinator and Executive Director. The 2020 PREA Annual Report was observed on the agency website and a copy of the 2021 report was provided on the last day of the onsite audit. These reports include all the elements outlined in the agency policy. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.388: based on substantial compliance in all material ways with this standard for the review period.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: - Review of documentation consisting of: - Autauga Campus Pre-Audit Questionnaire (PAQ), and - State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), - Interviews/Discussions with: - Agency PREA Coordinator - Site Review/Observations: - Review of PREA section on the agency website Analysis and triangulation of information: this standard requires that sexual abuse data be stored, published and retained by the agency. The Autauga Campus PAQ indicates the agency's process for data storage, publication and destruction is outlined in DYS Policy and Procedures 13.8.1. DYS Policy and Procedures 13.8.1 denotes that "DYS shall make all aggregated Sexual Abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website." The policy goes further to state that "all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, Juvenile information, case disposition, medical and counseling evaluation findings, and

	recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the Agency record retention schedule or at least ten (10) years after the date of initial collection.” During discussion with the PREA Coordinator it was revealed that aggregate sexual abuse data is collected, aggregated, and published on the agency website. Additionally, all case records of sexual abuse and sexual harassment incidents are retained for at least ten years. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.389: based on substantial compliance in all material ways with this standard for the review period.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The evidence relied upon to determine compliance with this standard included: 1. Review of documentation consisting of: · Autauga Campus Pre-Audit Questionnaire (PAQ), · State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines (i.e., DYS Policy and Procedures 13.8.1), · Final PREA Reports – Agency Website · Google search of information about the Autauga Campus Analysis and triangulation of information: this standard requires agencies to have all operated and contracted facilities audited once during every three-year audit cycle period. The Autauga Campus PAQ indicates the frequency and scope of PREA audits is outlined in DYS Policy and Procedures 13.8.1. DYS Policy 13.8.1 states “if a contract service provider operates the Facility or multiple Juvenile facilities under contract with DYS, that provider is considered an Agency of their own, and they, according to PREA, are required to have all of their facilities audited within a three-year cycle, beginning with the first-year cycle covering August 20, 2013, through August 20, 2014. If the Agency has only one Facility, PREA standards require the Facility to be audited in the first-year cycle and they would not be audited for another three years unless they open a new Facility. If an Agency operates multiple facilities, it is required that they have 1/3 of each type of Facility operated by the Agency audited each year beginning within the first year

	of the cycle.” Review of the agency website indicates three (3) state-operated facilities and nine (9) contracted facilities. Each facility has been audited at least once in the current three-year cycle with the Final PREA Report available on the agency website. During the pre-audit, onsite audit, and post-audit evidence review, the auditor was permitted to request and receive copies of all relevant documents. Some documents were requested electronically, and other documents were reviewed at the Autauga Campus during the onsite portion of the audit. During the onsite review, the auditor was granted access to every area of the Autauga Campus and the audit notice was observed in all housing units with some posted in the living units and others posted on the exterior door upon entry into the housing units. Approximately one-third of the residents selected for random interviews recalled the audit notice being posted on the housing unit. The auditor provided the facility with a copy of the Audit Notice in both English and Spanish, with information included regarding the confidential nature of any correspondence and communication made with the auditor. The auditor did not receive any correspondence from residents or staff from the Autauga Campus during audit period. The auditor was able to interview both residents and staff in a private location on the campus. The auditor conducted a google internet search of any information or reports regarding sexual abuse and sexual harassment that occurred at the Autauga Campus. There was no information found related to sexual abuse and sexual harassment within the past 10 years. During the pre-audit phase, the auditor reached out to three (3) community-based or victim advocate organizations via phone and/or email to include: Alabama Coalition Against Rape, National Children’s Advocacy Center, and One Place Family Justice Center. The auditor spoke to representatives from all three organizations and they did not report any knowledge of any sexual abuse or sexual harassment incidents at Autauga Campus in the past 12 months. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency <i>Meets Standard</i> 115.401: based on substantial compliance in all material ways with this standard for the review period.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. Review of documentation consisting of:

- Autauga Pre-Audit Questionnaire (PAQ), and
- Final PREA Reports – Agency Website

Analysis and triangulation of information: this standard regarding audit content and findings, is outlined in DYS Policy and Procedures 13.8.1.

Review of the Alabama Department of Youth Services website indicates the last PREA Final Report completed for the agency was on 12/14/22 for one of its state operated DYS facilities. PREA Final Reports are also made available on the agency's website for 11 contract facilities and the other two state operated facilities, to include the last Autauga Campus Final PREA Report dated for 12/23/2019.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency *Meets Standard* 115.403: based on substantial compliance in all material ways with this standard for the review period.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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

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

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

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

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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
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.)	yes

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