

# PREA Facility Audit Report: Final

**Name of Facility:** King's Home Westover Residential Facility

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Mable P. Wheeler	<b>Date of Signature:</b> 07/14/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Wheeler, Mable
<b>Email:</b>	wheeler5p@hotmail.com
<b>Start Date of On-Site Audit:</b>	06/06/2023
<b>End Date of On-Site Audit:</b>	06/07/2023

FACILITY INFORMATION	
<b>Facility name:</b>	King's Home Westover Residential Facility
<b>Facility physical address:</b>	63 Al-Youth Drive , Westover , Alabama - 35147
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Robby Allen
<b>Email Address:</b>	robbie@kingshome.com
<b>Telephone Number:</b>	205-966-0919

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Marcus Briggs
<b>Email Address:</b>	marcus@kingshome.com
<b>Telephone Number:</b>	205-678-6740

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	12
<b>Current population of facility:</b>	4
<b>Average daily population for the past 12 months:</b>	5
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	10-18
<b>Facility security levels/resident custody levels:</b>	Low level offenders for the most part.
<b>Number of staff currently employed at the</b>	13

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	King's Home, Inc.
<b>Governing authority or parent agency (if applicable):</b>	Alabama Department of Youth Services
<b>Physical Address:</b>	221 Kings Home Drive, Chelsea , Alabama - 35043
<b>Mailing Address:</b>	P.O. Box 162, Chelsea, Alabama - 35043
<b>Telephone number:</b>	2056786740

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Lew Burdette
<b>Email Address:</b>	lew@kingshome.com
<b>Telephone Number:</b>	205-678-8331

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Robby Allen	<b>Email Address:</b>	robbie@kingshome.com

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

43

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-06
2. End date of the onsite portion of the audit:	2023-06-07

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International CHIPS (advocate)

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	4
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>All youth housed at the facility were interviewed by the auditor.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>13</p>
<p><b>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:</b></p>	<p>0</p>

<b>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:</b>	0
<b>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:</b>	The facility does not employ contract staff and there are no volunteers that provide services to the youth.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	4
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
<b>If "None," explain:</b>	All youth housed at the facility were interviewed by the auditor during the on-site portion of the audit. There were no youth considered as targeted.
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	All youth housed at the facility were interviewed by the auditor during the on-site portion of the audit. There were no youth considered as targeted.

<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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):</b>	<p>The auditor had no barriers completing interviews of all youth housed at the facility during the on-site portion of the audit.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>0</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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).</b></p>	<p>There was no youth with a physical disability to interview.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth with cognitive disabilities to interview.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth with vision disabilities to interview.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth with hearing disabilities to interview.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth considered to be LEP to interview.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth who identify as gay or bisexual to interview.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth who identify as transgender to interview.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The facility had no allegations of sexual abuse during the 12-months preceding the audit.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>There was no youth who disclosed prior victimization to interview.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The facility does not utilize segregation or isolation.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>All youth housed at the facility were interviewed by the auditor during the on-site portion of the audit. There were no youth considered as targeted.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>6</p>
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<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
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<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>
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<p><b>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):</b></p>	<p>The auditor selected staff by shift and work assignments. There were no barriers completing randomly selected staff for interview.</p>
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**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.

<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>11</p>
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<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The facility does not employ contractors and there are no volunteers currently providing services to the youth.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>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).</b></p>	<p>All youth housed at the facility were formally interviewed by the auditor during the on-site portion of the audit.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The on-site audit was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was able to move about the facility any time needed. The auditor tested phones to ensure they were operational, observed PREA signage and information for CHIPS Advocate Center was posted throughout the facility. The auditor informally interviewed staff. The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. Prior to the onsite portion of the audit the auditor received no correspondence from residents, staff, or other outside interested parties.

## **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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.

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

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Diversified Correctional Services, LLC

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination for standard 115.311:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 1, para. 1 *(a)-2, p. 1, para. 1</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault</li> <li>3. King’s Home PREA Compliance Manager - Designation</li> <li>4. King’s Home Organizational Chart</li> <li>5. Alabama DYS Organizational Structure</li> <li>6. PREA Audit: Pre-Audit Questionnaire for King’s Home</li> </ol> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialize Staff (3):</p> <ol style="list-style-type: none"> <li>1. Agency PREA Coordinator</li> </ol>

2. PREA Compliance Manager

3. Program Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a) PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent King's Home is committed zero-tolerance for all forms of sexual abuse assault/misconduct/harassment or rape within its congregate care facilities for children and youth and shall be committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) as outlined in Policy DYS-P.001 Protection from Sexual Abuse and Assault.

Policy provides guidelines for King's Home zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane and appropriately secure environment free from threat of sexual abuse/assault/misconduct/harassment or rape provided for all residents living in congregate care settings. DYS policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The resident handbooks include inappropriate behaviors and resulting consequences.

King's Home policies addresses prevention of sexual abuse and sexual harassment through appropriate hiring and staffing of facilities, the designation of facility PREA Compliance Manager, staff supervision, identifying opportunities to separate and monitor sexually aggressive youth and potential victims, housing assignments, criminal background checks, staff training, resident education, PREA posters and educational materials, and creating a facility culture that discourages sexual aggression, abuse and harassment.

The policies address detection of sexual abuse and sexual harassment through resident education, providing protections for viewing and searches, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through increasing awareness of safe reporting mechanisms and available services to victims, continuing education of staff and youth, investigations, disciplinary sanctions for residents and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

	<p>115.311 (b) PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency’s organizational structure.</p> <p>The PREA Coordinator for the Alabama Department of Youth Services is responsible for oversight and compliance with PREA standards in all adolescent residential facilities for children and youth. The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.</p> <p>115.311 (c) PAQ: The facility has designated Assistant Home Coordinator as the PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. The position of the PREA Compliance Manager is identified in the organizational chart. The PREA Compliance Manager reports to the Home Coordinator of King’s Home.</p> <p>The PREA Compliance Managers will be responsible for coordination of their respective facility’s efforts to comply with PREA standards. The PREA Compliance Manager will be responsible for reporting any violation of PREA standards to the agency PREA Coordinator. The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Juvenile Standards.</p> <p>The auditor has determined current operations and practices meets the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.312:</p> <ol style="list-style-type: none"> <li>1. Written Policies and Procedures 13.8.1 (a)-1 p. 1, 2</li> <li>2. Contract with DYS</li> <li>3. PREA Form 115.312 Contract Private Provider Receipt of PREA</li> <li>4. King’s Home Pre-Audit Questionnaire responses</li> </ol> <p>The following staff was interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p>

	<ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. DYS Contract Manager</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.312 (a) &amp; (b) PAQ: The Alabama Department of Youth Services (DYS) contracts for the confinement of its residents with the King’s Home. DYS ensures that all contracted agencies are required to remain in compliance with PREA standards.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.312 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.313:</p> <ol style="list-style-type: none"> <li>1. ADM-A.010 Leadership Rounds *(a)-1, p. 1, policy, paragraph 1</li> <li>2. PREA Form 115.113 Supervisory Monitoring Log (e)-1, (e)-2, (e) -3, (e)-4</li> <li>3. ADM-A.031 Ratio Coverage Staff to Patient *(e)-1, pp. 1-2, ss. A-C</li> <li>4. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1 &amp; (c)-1-3, p. 25-26, s. XVIII, subs. A&amp;D (e)-1-4, p. 26, subs. XVIII, subs. B&amp;CDYS</li> <li>5. Policy DYS-P.001 Protection from Sexual Abuse and Assault</li> <li>6. King’s Home Pre-Audit Questionnaire responses</li> <li>7. King’s Home Staffing Plan</li> <li>8. King’s Home Annual Staffing Plan Assessments (2022)</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. PREA Compliance Manager</li> <li>3. Upper-level Staff Unannounced Rounds</li> </ol> <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <ol style="list-style-type: none"> <li>1. Observations of Staffing Plan on all shifts.</li> </ol>

2. Observations of camera locations.

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

The King's Home Staffing Plan states adequate care and supervision will be provided at all times to assure that each resident is safe and that his needs are met, in accordance with the resident's developmental level, age and emotional or behavioral problems.

The PREA Compliance Manager confirmed the facility regularly monitors staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers monitoring as part of the plan, and documents the plan. When assessing staffing levels and needs the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Program Director stated he monitors for compliance with the staffing plan to ensure staff are on duty.

The auditor reviewed the King's Home Staffing Plan for verification. The staffing plan is inclusive of the standard requirements.

115.313 (b) PAQ: Should there be deviations from the staffing plan, the facility documents and justify all deviations. The facility has deviated from the facility staffing plan.

In May of 2022, the Alabama Department of Youth Services instructed King's Home DYS to operate out of ratio for 3 days to accommodate an emergency placement.

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

The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: One (1)

2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: Zero (0)

Policy states each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Compliance with the staffing plan is maintained by utilizing the PRN staff list. Should staff be unavailable, the on-call administrative staff will provide the additional needed staffing.

The Program Director confirmed King's Home is obligated by DYS and PREA Standards to maintain ratios of staff-to-youth ratios of 1:8 during resident wake hours and 1:16 during sleep hours. He ensures the facility maintains appropriate staffing ratios reviewing the staff schedule.

PREA Site Review: During the onsite tour of the facility the auditor observed the residents were being supervised within designated ratio, 1:8.

115.313 (d) PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan.
2. Prevailing staffing patterns.
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Annually, the Program Director/PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, and resources available to commit to ensure adherence to the staffing plan.

The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for motion detectors, the assessment of the facility staffing plan considers all factors required by the standard. The auditor reviewed the King's Home Annual Staffing Plan Assessments for verification.

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

The Assistant Program Coordinator/PREA Compliance Manager conducts unannounced rounds on all shifts on a regular basis and documents rounds. The purpose of the unannounced rounds is to ensure the safety of residents, the security of the facilities and deter any form of sexual abuse or sexual harassment. Staff is prohibited from alerting other staff members or staff at other facilities that unannounced rounds are occurring or may be occurring. Alerting other staff of unannounced rounds will result in disciplinary action. All unannounced rounds will be documented on Unannounced PREA Rounds form.

King's Home utilizes direct staff supervision to protect residents from sexual abuse and harassment. Administrative staff conducts and document unannounced rounds

	<p>on all shifts for the maintenance of a safe environment. The unannounced rounds cover all shifts and all areas of the Facility. At least two unannounced rounds are conducted per month. Staff is prohibited from alerting other staff of such rounds. All unannounced rounds are documented using the Unannounced PREA Rounds form.</p> <p>The auditor has determined current operations and practices meet all requirements of PREA Standard 115.313 based upon site observations conducted by Auditor.</p> <p>Corrective Action: (None)</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.315:</p> <ol style="list-style-type: none"> <li>1. DYS-P.003 Searches *(a)-1, pp. 2,3,4 *(b)-1 single, closed-door showering*(e)-1, p. 6, sec. G4</li> <li>2. DYS Policy 9.10 Searches</li> <li>3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault</li> <li>4. DYS Policy 13.14 Staff Conduct with DYS Juveniles of the Opposite Sex</li> <li>5. King’s Home Orientation for New Employees</li> <li>6. King’s Home Resident Handbook</li> <li>7. Behavioral Health Center Pre-Audit Questionnaire responses</li> <li>8. PREA Form 115.315 Cross-gender Strip Searches (c)-1</li> <li>9. PREA Form 115.315 Cross-gender Visual Body Cavity Searches (c)-1</li> <li>10. DYS Form 115.315 Cross Gender Pat-down Searches</li> <li>11. Shift Duty Assignments</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. Random Staff (6)</li> <li>2. Random Residents (4)</li> </ol> <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Observations of cross-gender announcements when entering housing units. Discussion of the Intake Screening Process with staff responsible for Risk Screening.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0)

2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: Zero (0)

King's Home does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

115.315 (b) PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: Zero (0)

2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0)

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

King's Home does not conduct cross-gender pat down, strip searches or visual body cavity searches.

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

Facility policies and procedures enable residents to shower, perform bodily functions, and change clothing without staff viewing their breasts, buttocks, or genitalia. The population is male, and all staff is male. All residents shower one at a time behind the privacy of a shower curtain and a closed bathroom door.

Resident interviews confirmed they are never naked in full view of staff of either gender. Staff interviews confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of either gender.

PREA Site Review: Staff conducting the tour described the shower process. The residents shower individually behind the privacy of a closed bathroom door.

	<p>115.315 (e) PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.</p> <p>Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.</p> <p>115.315 (f) PAQ: The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%</p> <p>Staff interviewed confirmed they have received such training regarding conducting searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Cross-gender pat-down searches do not occur; the facility does not employ female staff that have contact with residents.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.316:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault*(a)-1 and (c)-1 pp. 5-6, s. A, subs. 4a-c *(c)-1, p. 1, policy, paragraphs 1-3</li> <li>2. ADM-B.045 Plan for Access to Care for Limited English Proficient Patient</li> <li>3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, p. 10, s. III, subs. D,1 (c)-1. P. 10, s. III, subs. D, 2</li> <li>4. King's Home Pre-Audit Questionnaire responses</li> <li>5. PREA Posters with Hotline Numbers for Outside Support Services (English and Spanish)</li> <li>6. King's Home Resident Handbook (victim advocacy information)</li> </ol>

7. Brochure: What you should know about sexual abuse & sexual assault (English and Spanish)

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

Specialized Staff (1)

1. Program Director
2. Random Staff (6)
3. Random Residents (4)

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

Findings (By Provision):

115.316 (a) PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

King's Home ensures 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.

The PREA Coordinator (DYS) confirmed King's Home has established procedures to provide residents with disabilities and residents who are limited English proficient 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. There were no residents (who are limited English proficient) who were identified during the onsite audit.

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

The facility ensures 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. The facility has interpreter services provided by Alabama Department of Youth Services. PREA brochures and PREA posters are available in Spanish and English. There were no residents identified as limited English proficient during the onsite audit.

115.316 (c) PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

	<p>1. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.</p> <p>2. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first- response duties under § 115.364, or the investigation of the resident’s allegations: Zero (0)</p> <p>Each facility will not rely on interpreters within the facilities, except in extreme circumstances where safety may be compromised. King’s Home has a staff member who can provide translation for Spanish speaking residents in an emergency. The Alabama Department of Youth Services will provide interpreter services as needed.</p> <p>Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were no residents (who are limited English proficient) who were identified during the onsite audit.</p> <p>During the on-site portion of the audit there were no residents with disabilities to interview.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed.</p> <p>Corrective Action: (None)</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.317:</p> <ol style="list-style-type: none"> <li>1. DYS-P.010 Recruitment and Selection *(a)-1, pp. 1-2, para. 2 and (b)-1, p. 2, para, 2</li> <li>2. HR I.013 (B) Employment Background Screening LOBHC *(e)-1, p. 2, paragraphs 3-4</li> <li>3. Verification of Backgrounds completed on all staff.</li> <li>4. Child Abuse Registry Checks ( c )-1</li> <li>5. DYS Form 115.317 PREA Employee Questionnaire (a)-1</li> <li>6. King’s Home Pre-Audit Questionnaire responses</li> </ol>

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

Specialized Staff (1)

1. Human Resources

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

115.317 (a) PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor, who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or.
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in 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.

The auditor requested and was able to review personnel files and verified questions regarding previous misconduct for each employee.

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

King's Home does not hire or promote anyone who has been found guilty of sexual harassment. The auditor observed employees are asked about previous accusations of sexual harassment as part of the questions regarding previous misconduct.

115.317 (c) PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 2
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Drug Offence Registry, and the Alabama Department Youth Services Database. They contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. Background checks are completed every five years for all employees.

The auditor reviewed questions regarding previous misconduct for verification.

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry/FBI, Child Abuse Registry for Alabama.

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

115.317 (e) PAQ: Agency policy requires that either criminal background records checks are conducted at least every five years of current employees and

contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

The auditor reviewed criminal background record checks of current employees for verification they are being conducted every five years.

115.317 (f) PAQ: King's Home asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The facility Human Resources staff confirmed the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)\* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed questions regarding previous misconduct for new hires, promotions, and evaluations for verification.

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

Employees have a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The auditor observed employees verify they understand that omissions regarding previous misconduct, or providing false information, shall be grounds for termination. This verification is included with the questions regarding previous misconduct.

115.317 (h) PAQ: The facility Human Resources staff confirmed when a former employee applies to work at another institution, upon request from that institution, King's Home can state whether the employee was terminated and whether they would be considered for re-hire.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted.

Corrective Action: (None)

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following documents and policy(s) were reviewed to determine compliance with standard 115.318:

1. DYS-P.001 Protection from Sexual Abuse and Assault \*(b)-1, p. 15, s. J, subss. 1 and 3
2. Written Policy and Procedures 13.8.1 (a)-1, p.29, s. XXIV, subss. A-B
3. King's Home Pre-Audit Questionnaire responses

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

Specialized Staff (1)

1. Program Director

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

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

115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The PREA Manager and Program Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b) PAQ: The agency or facility has installed a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The PREA Manager and Program Director both confirmed when installing or updating the motion monitoring system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

PREA Site Review: The auditor observed there were no expansions to the facility, but the facility has installed surveillance cameras to the facility since the last PREA audit.

The facility provided the complete schematic of camera locations, an email detailing installation contract with cost.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.318 based upon documentation provided and interviews

	<p>conducted.</p> <p>Corrective Action: (None)</p>
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115.321	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.321:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault * (C)-2, p. 12, s. H, subs. D Uniform Evidence Protocol</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault</li> <li>3. National Protocol For Sexual Assault</li> <li>4. Letter of Agreement with Local Law Enforcement for Criminal Investigations (f) -1</li> <li>5. Supporting Documentation:</li> <li>6. PREA Form 115.321 Victim Advocate Receipt of PREA</li> <li>7. PREA Form 115.321.1 PREA Confidentiality and the DYS Victim Advocate</li> <li>8. CHIPS Center (Children’s Hospital Intervention and Prevention Services) (MOU)</li> <li>9. Letter of Agreement with the Shelby County Sheriff’s Department</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Random Staff (6)</li> <li>3. Residents who reported a Sexual Abuse - N/A</li> </ol> <p>Observations during on-site review of physical plant, PREA signage, Advocate Information.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.321 (a) PAQ: King’s Home is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Administrative and criminal sexual abuse and sexual harassment investigations for King’s Home are conducted by the Shelby County Sheriff’s Department. All forensics are completed by a local hospital (CHIPS) or the Rape Crisis Center. This service is provided at no cost to residents as outlined by policy. There have been no forensic examinations in the last 12 months. When a sexual assault forensic examiner or a sexual assault nurse examiner is not available, a qualified medical practitioner will</p>

perform the forensic examination. CHIPS Center (Children’s Hospital Intervention and Prevention Services) coordinates all services required by a youth after an incident. There are qualified staff members at the facility that can provide crisis intervention if requested by the resident in addition to outside providers. A youth may elect to refuse medical treatment after an incident of sexual abuse/assault. The Shelby County Sheriff’s Department currently has an active sexual assault (resident on resident) investigation in progress from King’s Home.

115.321 (b) PAQ: The uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, ‘A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,’ or similarly comprehensive and authoritative protocols developed after 2011.

DYS adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

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

During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)
2. The number of exams performed by SANEs/SAFEs: Zero (0)
3. The number of exams performed by a qualified medical practitioner: Zero (0)

For that sexual abuse incidence alleged to have occurred within seventy two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the resident). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFEs’s) or Sexual Assault Nurse Examiners (SANE’s) if possible. If SAFE’s or SANE’s cannot be made available, the examination can be performed by other qualified medical professionals at a local hospital. CHIPS Center (Children’s Hospital Intervention and Prevention Services) will provide a certified SANE Nurse. The incident currently under investigation was reported well beyond the seventy- two (72) hours timeframe. A forensic exam was not conducted.

115.321 (d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. When a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

King’s Home has a MOU with the CHIPS Center (Children’s Hospital Intervention and Prevention Services). The auditor confirmed availability of the services through

telephone correspondence and reviewing the MOU Agreement. These services are available weekdays during normal business hours. Afterhours and on weekends, King's Home has staff that can accompany and support victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the CHIPS Center (Children's Hospital Intervention and Prevention Services) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

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

King's Home has a MOU with the CHIPS Center (Children's Hospital Intervention and Prevention Services). The auditor confirmed availability of the services through telephone correspondence and reviewing the MOU. These services are available weekdays during normal business hours. Afterhours and on weekend's examinations would be conducted at the Children's Hospital of Alabama, an advocate from the local Rape Crisis Center would accompany and support victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the CHIPS Center (Children's Hospital Intervention and Prevention Services) who would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

115.321 (f) PAQ: The agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The Shelby County Sheriff's Department is responsible for administrative or criminal investigating allegations of sexual abuse. The CHIPS Center (Children's Hospital Intervention and Prevention Services) (CAC) has a Cooperative Agreement with the Shelby County Sheriff's Department for criminal referrals. The auditor reviewed the agreement with the police depart and advocacy center for verification.

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

Corrective Action: (None)

115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.322:</p> <ol style="list-style-type: none"> <li>1. Policy and Procedures 13.8.1 (a)-1, (b)-1, pp. 19-21, s. XIII, subss. 1-16</li> <li>2. PREA Form 115.371 Process for Investigating Sexual Assaults</li> <li>3. King's Home Pre-Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. PREA Compliance Manager</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of allegations of sexual abuse and sexual harassment that were received: Zero (0)</li> <li>2. The number of allegations resulting in an administrative investigation: Zero (0)</li> <li>3. The number of allegations referred for criminal investigation: Zero (0)</li> </ol> <p>King's Home ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented.</p> <p>The Agency Head Designee (Agency Wide PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. She stated the local Shelby County Sheriff's Department is responsible for all investigations administrative and criminal investigations. The facility does not conduct administrative or criminal investigations.</p> <p>115.322 (b) PAQ: The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: <a href="https://dys.alabama.gov/prea">https://dys.alabama.gov/prea</a></p> <p>PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its</p>

	<p>own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: <a href="https://dys.alabama.gov/prea">https://dys.alabama.gov/prea</a></p> <p>115.322 (c) PAQ: King’s Home PREA Policy describes the responsibilities of the King’s Home, Shelby County Sheriff’s Department and DYS.</p> <p>The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both the Agency and King’s Home.</p> <p>115.322 (d) PAQ: Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.</p> <p>115.322 (e) PAQ: Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.</p> <p>The auditor is not required to audit this provision.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following documents and policy(s) were reviewed to determine compliance with standard 115.331:

1. King's Home Staff Development Plan
2. DYS-P 002 Sexual Abuse Assault Harassment Training \*(a)-1 pp. 1-2, s. A, subss. a-k
3. DYS Policy 13.16 Child Abuse Reporting
4. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, pp. 4-5, s. I, sub. A, 1- 4
5. Code of Alabama 1975 Section 26-14-3
6. Proposed Employee Training Curriculum
7. DYS Form 115.331 Staff Confirmation of receipt of PREA
8. DYS Pamphlet 115.331 What Staff Should Know About Sexual Misconduct with Juveniles
9. Staff Annual Training Record

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

Random Staff (6)

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

115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

All staff assigned to work in adolescent residential facilities will receive training in compliance with PREA standards.

The training curriculum includes the following topics: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and PREA refresher training annually. The auditor reviewed staff training records for verification.

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

	<p>The auditor reviewed the PREA training curricula/Power Points for verification.</p> <p>115.331 (c) PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 13</p> <p>The percent of staff currently employed by the facility that may have contact with residents, who were trained or retrained on PREA requirements: 100%</p> <p>The agency PREA refresher training will be conducted once a year. All full and part-time staff members are required to complete the refresher training. The auditor reviewed the PREA training and staff training records for verification.</p> <p>115.331 (d) PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy states the facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff signs the Prison Rape Elimination Act (PREA) Acknowledgement and their participation is electronically recorded in the Staff Training Hours Report.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Employees are trained annually and receive reminders during shift briefings to ensure residents' safety.</p> <p>Corrective Action: (None)</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.332:</p> <ol style="list-style-type: none"> <li>1. DYS-P 002 Sexual Abuse Assault Harassment Training *(a)-1 pp. 3-4, s. D, subs. 1-3</li> <li>2. DYS Policy 4.3.1 Sexual Abuse/Assault/Harassment Training</li> <li>3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, pp. 6-7, s. I, subs. E,1-4</li> <li>4. Volunteer and Contractor Training Curriculum *(a)-1, p. 6</li> <li>5. DYS Form 115.332 Volunteer and Contractor Receipt of PREA</li> </ol>

6. DYS Form 115.311 PREA Fact Sheet
7. Kings' Home PRE Audit Questionnaire

The following staff were interviewed to determine compliance with this standard 115.332:

Specialized Staff (1)

1. PREA Compliance Manager

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

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

1. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0

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

All volunteers and contractors assigned to work in adolescent residential facilities will receive training in compliance with PREA standards. King's Home has no active volunteers or contractors.

115.332 (b) PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

King's Home has no active contractor. Volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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

Volunteers' sign Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DYS zero-tolerance policy and understand the training they have received.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.332 based upon documentation provided and interviews conducted. Employees are trained annually and receive reminders during shift briefings to ensure resident's safety.

	Corrective Action: (None)
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.333:</p> <ol style="list-style-type: none"> <li>1. DYS-P.005 Reception and Orientation *(a)-1 pp. 3-4, s. 16</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(c)-3, pp. 9-10, s. III, sob. A-G *(d)-1, p. 10, s. III, sob. D, 1-2</li> <li>3. DYS Policy 17.1 Reception and Orientation *(d)-1, p. 5, s. III, subs. 16, g (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)</li> <li>4. Juvenile Handbook Orientation on Sexual Assault</li> <li>5. DYS Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault</li> <li>6. DYS Form 115.333.1 Juvenile Receipt of PREA</li> <li>7. DYS Form 115.333.2 DYS Youth Safety Guide</li> <li>8. DYS Power Point Presentation 115.333 Sexual Assault in the Juvenile Corrections Setting</li> <li>9. DYS Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know</li> <li>10. PREA Pamphlet 115.333LF *(d)-1 (limited reading skills)</li> <li>11. PREA Pamphlet 115.333S *(d)-1 (limited English proficient- Spanish)</li> <li>12. Access to Interpreters *(d)-1 (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)</li> <li>13. Kings' Home PRE Audit Questionnaire</li> </ol> <p>The following youth were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Residents (4)</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of the physical plant, PREA signage was posted throughout the facility, Hotline information and dialing instructions, Posters in English and Spanish, Intake process was discussed with staff in detail.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.333 (a) PAQ: Residents receive information at time of intake about the zero-</p>

tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

During the intake process, each resident will receive information explaining, in an age and developmentally appropriate fashion; the agencies zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidence or suspicions of sexual abuse or sexual harassment. Written and verbal information on PREA will be provided and explained to each resident within (24) twenty-four hours of arrival at the facility.

The Intake Staff/Program Counselor confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents within 24 hours of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process.

They confirmed they received information about the facility's rules against sexual abuse and harassment through training materials, pamphlets, and resident handbooks.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Training of Residents for Emergency Procedures and Orientation form.

115.333 (b) PAQ: Of residents admitted during the past 12 months:

1. The number who received such education within 10 days of intake: 11
2. The percent who were given this information within 10 days of intake: 100%

Within the initial 10 days of placement, residents will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident's case file.

The Intake Staff/Program Counselor confirmed the facility ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand the information. He confirmed residents are made aware of these rights within 24 hours after intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first or second day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

Within 72 hours of admission, the facility provides comprehensive age-appropriate

orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents. The Agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Residents are provided with a handout. Documentation of resident signatures were reviewed and confirmed during resident interviews. All residents must sign DYS Form 115.333.1 Juvenile Receipt of PREA.

Posters are located throughout the Facility. They provide important contact information for the Alabama DYS Sexual Assault hotline and victim advocate services. The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with Juvenile Confirmation of Receipt Prison Rape Elimination Act (PREA). The auditor also reviewed relevant educational materials including posters, resident handbooks, pamphlets, and the PREA Comprehensive Education Curriculum.

115.333 (c) PAQ: All residents were educated within 10 days of intake.

Within the initial 10 days of placement, residents will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident's case file.

The Intake Staff/Program Counselor confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless of if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification.

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

Appropriate provisions are made as necessary for residents who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with psychiatric, speech or reading disabilities. Limited English proficient residents will be provided with an interpreter for assessments and to provide educational materials. King's Home does not rely on resident interpreters for PREA information and education. If an interpreter is needed, the facility contacts the Alabama Department of Youth Services who will provide an interpreter.

115.333 (e) PAQ: The agency maintains documentation of resident participation in PREA education sessions.

	<p>Policy states all residents are required to sign DYS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) and the Training of Residents for Emergency Procedures and Orientation form.</p> <p>The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification.</p> <p>115.333 (f) PAQ: The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>The auditor reviewed the resident handbook, pamphlets, and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.334:</p> <ol style="list-style-type: none"> <li>1. DYS-P.009a Investigation *(a)-1, p. 4, standards, s. 4</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, p.5, s. I, subs. B, subs.1-3</li> <li>3. DYS Form 115.334 DYS Investigator Receipt of PREA</li> <li>4. Certification of Criminal Investigators</li> <li>5. Department of Mental Health Investigative Training Certificates</li> <li>6. MOU with Local Law enforcement including training and certifications (Shelby County Sheriff’s Department)</li> <li>7. Agreement with CHIPS Center (Children’s Hospital Intervention and Prevention Services)</li> <li>8. King’s Home PER Audit Questionnaire</li> </ol>

	<p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. PREA Compliance Manager</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>King’s Home does not conduct any form of administrative or criminal sexual abuse investigations. Investigators are employed with Shelby County Sheriff’s Department and receive specialized training from the Alabama Bureau of Investigations (ABI) in sexual abuse investigations involving juveniles.</p> <p>The Special Investigators Unit Training Curriculum includes:</p> <p>(1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5) Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Juvenile Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse;</p> <p>(11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning.</p> <p>General training provided to all employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include: Techniques for interviewing juvenile sexual abuse victims, Sexual abuse evidence collection in confinement settings, Criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following documents and policy(s) were reviewed to determine compliance with standard 115.335:

1. DYS-P.002 Sexual Abuse Assault Harassment Training \* (a)-1, pp. 2-3, s. A, subss. 1-4
2. Nurse Certification/Licenses
3. PREA Form 115.335 Medical and Mental Health Receipt of PREA
4. Training Records of Medical and Mental Health Practitioners
5. Rape Crisis Center/CHIPS Center (Children's Hospital Intervention and Prevention Services)

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

Specialized Staff (1)

1. Program Director

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

115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: Zero (0)
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: NA

The staff receives the eleven (11) PREA topics in standard 115.331 and the additional specialized topics required by the standard. All full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335 (b) PAQ: The agency does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Policy requires specialized PREA training for medical and mental health staff. Documentation of specialized training was reviewed and confirmed by auditor. Forensic examinations are not conducted onsite. King's Home has an MOU with CHIPS Center (Children's Hospital Intervention and Prevention Services) and the Children's Hospital of Alabama in Birmingham, AL. staff will conduct forensic sexual assault medical exams.

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

115.335 (d) Mental health staff receives the eleven (11) PREA topics in standard 115.331 and the additional specialized topics required by the standard.

	<p>The auditor reviewed training records. The Program Counselor received the specialized training and the training required by standard 113.331.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.335 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.341	Obtaining information from residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.341:</p> <ol style="list-style-type: none"> <li>1. DYS-P.005 Reception and Orientation *(a) 1-2, pp. 2-3, s. 15, subss. a-k *(a)-4 p. 3, paragraphs 2-3</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, pp. 11-12, s. IV, subs. A,1- 12 *(a)-2, p. 11, s. IV, subs. A *(a)-4, pp. 12-13, s. IV, subs. H</li> <li>3. King’s Home PREA Policy</li> <li>4. DYS Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization (a)-1, (b)-1</li> <li>5. DYS Form 115.341.1 PREA Risk Reassessment (a)-4</li> <li>6. DYS Form 115.341.2 Guidelines for PREA Shared Information</li> <li>7. Inappropriate Sexualized Behaviors Risk Assessment</li> <li>8. King’s Home Pre-Audit Questionnaire responses</li> <li>9. High Risk Notification Alert Sheet</li> <li>10. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Random Residents (4)</li> <li>3. Transgender (0)</li> <li>4. Reporting Prior Victimization During Screening (0)</li> <li>5. Bisexual (0)</li> <li>6. Pan-sexual (0)</li> <li>7. Gay (0)</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.341 (a) PAQ: The agency has a policy that requires screening (upon admission</p>

to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 11

2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

During the intake process, DYS Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is administered to residents within seventy-two (72) hours of admission. This information is ascertained through conversations with residents during the intake process and by reviewing relevant documentation. Each resident will be reassessed every six months or at any point of significant change in his or her situation.

The auditor reviewed completed DYS form Assessment, Checklist, and Protocol for Behavior and Risk for Victimization examples for verification.

The Staff Responsible for Risk Screening confirmed he screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated he screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident's risk levels are reassessed every six months.

Residents interviewed confirmed when they first came to the facility; they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions on the first or second day at the facility.

115.341 (b) PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor reviewed the Assessment, Checklist, and Protocol for Behavior and Risk for Victimization examples for verification. The screening instrument is designed to be objective.

115.341 (c) PAQ: The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

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

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

115.341 (e) PAQ: Staff members working directly with the residents are advised of the status of a resident at risk of victimization or a resident that is at risk of harming others on a need- to-know basis.

The Program Director and PREA Compliance Manager confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The information is available on a need-to-know basis.

During the last 12 months 11 youth have been screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The policy limits staff access to this information on a "need to know basis". The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Resident and staff interviews and review of documents confirm the use of this instrument.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted.

Corrective Action: (None)

<b>115.342</b>	<b>Placement of residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.342:</p> <ol data-bbox="280 456 1455 864" style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(b)-1 and (b)-2, p. 8, s. C, subs. 2 *(c)-1 and (c)-2. p. 9, s. C, subss. 3-4</li> <li>2. DYS Policy 13.1 Nondiscrimination for Students</li> <li>3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, pp. 13-14, s. VI, subs. A *(b)-1, p. 14, s. VI, subs. B *(b)-2, p. 14, s. VI, subs. B *(c)-1, p. 14, s. VI, subs. C *(c)-2, p. 14, s. VI, subs. C *(i)-1, p. 14, s. VI, subs. B</li> <li>4. DYS Form 115.342 Housing Unit Placement Form</li> <li>5. Health Screening</li> <li>6. King’s Home PRE Audit Questionnaire</li> </ol> <p data-bbox="280 904 1474 981">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="280 1021 564 1057">Specialized Staff (3)</p> <ol data-bbox="280 1097 970 1335" style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> <li>4. Residents Housed in Segregated Housing (NA)</li> <li>5. Bisexual Resident (0)</li> <li>6. Gay (0)</li> </ol> <p data-bbox="280 1375 1439 1451">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1491 1461 1603">115.342 (a) PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="280 1644 1439 1845">The “At-Risk Protocol” will be initiated and completed by each facility respective PREA Compliance Manager or their designee on residents identified as vulnerable for at risk sexual victimization or identified as having the potential to victimize/ perpetrate, especially in regards to sexually aggressive behavior. Bed and room assignments will be made accordingly on a case-by-case basis.</p> <p data-bbox="280 1886 1481 2042">The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.</p>

The auditor reviewed At-Risk Protocol examples demonstrating risk assessment factors are considered in keeping residents safe and free from sexual abuse.

115.342 (b) PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0

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

3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Program Director confirmed King's Home does not use isolation.

115.342 (c) PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status is prohibited. Considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually active is prohibited.

The PREA Coordinator and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The auditor observed no designated LGBTI housing at King's Home.

115.342 (d) PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The PREA Compliance Manager confirmed housing and programming assignments for transgender and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems. However, the

facility did not house any transgender and intersex residents during the audit process.

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

Each resident will be reassessed every six months or at any point of significant change in his or her situation. The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

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

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed a transgender or intersex resident's own view with respect to his or her own safety is given serious consideration.

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

All King's Home residents shower separately.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

115.342 (h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and.
2. The reason or reasons why alternative means of separation cannot be arranged:  
N/A

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and.
- (2) The reason why no alternative means of separation can be arranged.

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

King's Home prohibits the use of isolation. The auditor observed a time out room which would only be utilized long enough to make a different room assignment.

The auditor has determined current operations and practices meet the requirements

	<p>of PREA Standard 115.342 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with this standard 115.351:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 9, s. D, subss. 1-4</li> <li>2. PREA Audit Report 18</li> <li>3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, p. 16, s. VIII, subs. C *(b)- 2, p. 16, s. VIII, subs. I *(c)-1, p. 16, s. VIII, subs. F *(c)-2, p. 16, s. VIII, subs. G *(e)-1, p. 16, s. VIII, subs. G</li> <li>4. Written Policy and Procedures 1.28 *(a)-1, pp. 7-9, s. III, subss. E,1-14 *(d)-1, pp. 4-5, s. III, subss. C, 1-6</li> <li>5. Resident Handbook</li> <li>6. DYS Form 115.351 Alabama Hotline Message</li> <li>7. DYS Form 115.333.1 Resident Receipt of PREA</li> <li>8. DYS Form 115.354 Third Party Reporting</li> <li>9. DYS Form 1.28 DYS Youth Grievance Form</li> <li>10. Poster: 5 Ways of Reporting</li> <li>11. Juvenile Report Abuse or Harassment to a Public or Private Entity or Office</li> <li>12. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Random Staff (6)</li> <li>3. Random Resident (4)</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant, PREA signage for reporting sexual abuse.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.351 (a) PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual</p>

abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.

The facilities provide internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal ways of reporting include reporting to facility/agency personnel or filing a grievance. Grievance forms and locked grievance boxes are assessable to the residents. A grievance form is included in each resident handbook. Residents have access to pencils for writing grievances and the grievance box is checked daily.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

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

Residents may also report externally to a public or private entity or office that is not part of the agency. This includes but is not limited to: (1) DYS Child Abuse Hotline at 1-855-332-1594 (2) Attorney or Guardian; (3) The CHIPS Center (Children's Hospital Intervention and Prevention Services) (4) DYS PREA Coordinator at 1-334-604-4233 (5) The Shelby County Sheriff's Department at 1-205-669-4557 and (6) Children's Hospital Emergency Room at 1-205-638-9100, residents may remain anonymous upon request.

Residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Alabama Department of Homeland Security at 1- 334-353-3050. The facility has not had any residents detained solely for civil immigration purposes.

The PREA Compliance Manager identified the DYS Child Abuse Hotline as one-way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

	<p>The auditor observed English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services.</p> <p>115.351 (c) PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. The time frame that staff are required to document verbal reports:</p> <p>Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment; they can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document within 24 hours. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.</p> <p>115.351 (d) PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The PREA Compliance Manager confirmed residents are allowed to have a pencil to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed grievance forms are available next to locked grievance boxes. The facility grievance box is checked daily and the DYS Box is checked monthly.</p> <p>115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the DYS Child Abuse Hotline at 1-855-332-1594. Staff interviewed identified the DYS Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following documents and policy(s) were reviewed to determine compliance with standard 115.352:

1. DYS-P 004 Youth Grievance Process \*(a)-1, pp. 6-7, s. E, subss. 1-14
2. DYS Policy 13.1 Youth Grievance Process
3. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault \*(a)-1 pp. 7-10, s. E. subs. 1- 14\*(c)-1&2, p. 7, s. E, subs. 4\*(d)-1, p. 8, s. E, subs. 5-6\*(e)-1, p. 8, s. E, subs. 9-10 \*(e)-2, p. 9, s. E, subs.11 \*(e)-3, p. 9, s. E, subs., 12 \*(f)-1, p. 9, s. E, subss. 13-14 \*(f)-2, p. 9, s. E, subs. 14 \*(f)-5, p. 9, s. E, subss. 14 \*(g)-1, p. 10, s. F
4. Juvenile Grievance and Response
5. DYS Form 115.333.1 Juvenile Receipt of PREA
6. DYS Form 115.354 Third Party Reporting
7. King's Home PRE Audit Questionnaire

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

Random Residents (4)

Site Review Observations:

Observations during on-site review of physical plant, placement of grievance boxes, forms procedure for getting writing instruments.

PAQ: In the past 12 months:

The number of grievances that were filed that alleged sexual abuse: Zero (0)

King's Home is exempt from this standard. King's Home does not have administrative procedures to address resident grievances regarding sexual abuse. DYS is responsible for all administrative procedures to address resident grievances regarding sexual abuse.

Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.

Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of King's Home must document the resident's decision to decline.

The auditor reviewed the resident handbook to determine that relevant information is provided. The auditor observed a locked grievance box that is checked daily.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.353:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault*(a)-1, (d)-1 and (d)-2, pp. 13-14, s. I, 1-4</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, p. 25, s. XVII, subs. A *(d)- 1, p. 25, s. XVII, subs. D *(d)-2, p. 25, s. XVII, subs. D</li> <li>3. Memorandum of Agreement with CHIPS Center (Children’s Hospital Intervention and Prevention Services)</li> <li>4. Examples of Posters</li> <li>5. DYS Form 115.351 Alabama PREA Hotline Message</li> <li>6. Resident Handbook</li> <li>7. PREA Form 115.333 Juvenile Receipt of PREA</li> <li>8. Important Numbers for Juveniles to Report Sexual Abuse</li> <li>9. Access to Outside Support Services</li> <li>10. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with standard 115.353:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Random Staff (6)</li> <li>3. Random Resident (4)</li> <li>4. Residents who Reported Sexual Abuse (NA)</li> </ol> <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Site Review Observations:</p>

Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)

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

115.353 (a) PAQ: The facility provides resident’s access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (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.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

King’s Home provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a MOU with CHIPS Center (Children’s Hospital Intervention and Prevention Services). CAC has a Child Abuse Hotline Number. King’s Home also provides the residents with a mailing address, email address, telephone number, and hotline number for the Alabama Department of Youth Services. This information is provided as part of the resident PREA education. For persons detained solely for civil immigration purposes, immigrant services agency information is available to contact the Alabama Department of Homeland Security.

Residents acknowledged there are services available outside of this facility for dealing with sexual abuse if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the information was included in their handbooks and posted on the walls. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.353 (b) PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The facilities inform residents, prior to giving them access, of the extent to which such communications will be monitored. The facilities enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.353 (c) PAQ: The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide

	<p>residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.</p> <p>The facility has a MOU with CHIPS Center (Children’s Hospital Intervention and Prevention Services) who has a Child Abuse Hotline Number. King’s Home also provides the residents with a mailing address, email address, telephone number, and hotline number for the CHIPS Center (Children’s Hospital Intervention and Prevention Services). This information is provided as part of the resident PREA education.</p> <p>115.353 (d) PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>If a resident requests to consult with their attorney, the resident’s Program Counselor will contact youth’s attorney and request the consultation. Residents may make phone calls to immediate family only or others approved by the court or your DYS Family Service Worker.</p> <p>The Program Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.354:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 10, s. D, subs. 5</li> <li>2. DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, p. 16, s. VIII,</li> </ol>

	<p>subss. E-F</p> <p>3. DYS Form 115.354 Alabama PREA Third Party Reporting Form</p> <p>4. Website Link</p> <p>5. Third Party Reporting Numbers</p> <p>6. King’s Home PRE Audit Questionnaire</p> <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Site Review Observations:</p> <p>Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Third parties, including parents, other residents, or any other person may report allegations of resident sexual abuse or sexual harassment. Parents/Legal Guardians are provided a handbook containing a grievance form and procedures for reporting.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted.</p> <p>Corrected Action (None)</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.361:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1 and (b)-1, pp. 10-11, s. E, subss. 1-10</li> <li>2. Written Policy and Procedures 1.29 *(a)-1, p. 4, s. A, subss. 1-2</li> <li>3. Written Policy and Procedures 13.8.1 *(a)-1, p. 16, s. VIII, subs. H *(b)-1, p. 17, s. X, subs. D</li> <li>4. Written Policy and Procedures 13.16 *(b)-1, p. 2, s. E</li> <li>5. Code of Alabama: 26-14-3. Mandatory reporting</li> </ol>

6. DYS Form 8.12 Critical Incident Report
7. PREA Form 115.331 Staff Receipt of PREA
8. PREA Form 115.354 Third Party Reporting
9. Confirmation of Parent/Attorney/ Guardian Notification
11. PREA Form 115.381 Consent to Treatment
12. PREA Form 115.341.2 Guidelines for PREA Shared Information
13. DHR-FCS-1593 Child Abuse Reporting Form
14. King's Home PRE Audit Questionnaire

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

Specialized Staff (2)

1. Program Director
2. PREA Compliance Manager
3. Random Staff (6)

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

115.361 (a) PAQ: The agency requires all staff to report immediately and according to agency policy:

1. 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.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Duty to Report - Code of Alabama: 26-14-3. Mandatory reporting Laws requires all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their immediate supervisor.

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

All staff is required to follow the Alabama Mandated Reporter Law - Alabama Code Annotated 26-14-3.

Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.

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

Apart from reporting to designated supervisors/superintendents, DYS and local law enforcement agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone, other than to the extent necessary, to make treatment, investigation and other security and management decisions.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they would report to their immediate supervisor.

115.361 (d) PAQ: Therapists are required to report sexual abuse and sexual harassment to the DYS Child Abuse Hotline. They are mandated to follow Duty to Report laws. Therapists are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

115.361 (e) PAQ: Upon receiving any allegation of sexual abuse, the Residential Managers shall promptly report the allegation to the alleged victim's parents or legal guardians, unless King's Home has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DYS, the report shall be made to the alleged victim's Family Services Worker instead of the parents or legal guardians.

The Program Director/PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the Program Director and the Program Director notifies the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system; the allegation would be reported to the DYS Family Services Worker. If a juvenile court retains jurisdiction over the alleged victim, the juvenile's attorney would be notified. These notifications would occur the same day of the allegation.

115.361 (f) PAQ: All allegations of sexual abuse must be reported immediately to the DYS Child Abuse Hotline at 1-855- 332-1954.

King's Home requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

	<p>Medical and mental health staff is required to inform the residents at the initiation of services of their duty to report and the limitations of confidentiality. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Shelby County Sheriff's Department.</p> <p>King's Home does not employ medical or mental health staff. Counseling service are provided by the University of Alabama students.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.362:</p> <ol style="list-style-type: none"> <li>1. DYS Written Policy and Procedures 13.8.1 *(a)-1, p. 13, s. V</li> <li>2. DYS Form 8.12 Critical Incident Form</li> <li>3. PREA Form 115.342 Housing Unit Placement Form</li> <li>4. PREA Form 115.342.1 Isolation Activity Log</li> <li>5. King's Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. Random Staff (6)</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months:</p>

	<p>1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)</p> <p>King's Home requires that upon learning a resident is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the resident. Staff will immediately report to the DYS Child Abuse Hotline.</p> <p>The Agency PREA Coordinator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor, safety plans, and one-on-one supervision.</p> <p>The Program Director confirmed that when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating youth. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.</p> <p>Staff confirmed they would immediately separate a potential victim from harm and provide close observation.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.362 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.363:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault*(a)-1 and (d)-1, p. 11, s. F, subbs. 1-4</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, 2, pp. 18-19, S. XI, subss. A-D *(d)-1, p. 19, S. XI, subs. C</li> <li>3. PREA Form 115.363 Reporting to Other Confinement Facilities</li> <li>4. King's Home Pre-Audit Questionnaire responses</li> <li>5. DYS Protocol: First Responder Guidelines for Sexual Assault</li> <li>6. King's Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p>

Specialized Staff (1)

1. Program Director

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

115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

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

Upon receiving an allegation of sexual abuse or sexual harassment when a resident was confined at another facility/agency, King's Home's PREA Compliance Manager will notify the head of the facility/agency where the alleged abuse occurred no later than 72 hours of receiving the allegation and will report the abuse incident directly to the DYS Child Abuse Hotline at 1-855-332-1594. Such contacts will be documented.

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

King's Home's PREA Coordinator will notify the head of the facility /agency where the alleged abuse occurred no later than 72 hours of receiving the allegation.

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

Such contacts will be documented within 72 hours of receiving the allegation.

115.363 (d) PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

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

King's Home's PREA Coordinator reports the abuse incident directly to the DYS Child Abuse Hotline at 1-855-332-1594 for investigation.

The Agency PREA Coordinator stated DYS is the designated point of contact if another facility refers allegations of sexual abuse or sexual harassment. The Program Director confirmed that all allegations reported to have occurred at another facility will be referred to DYS investigations. The director of the facility where the

	<p>abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of this occurring.</p> <p>There have been no reports from other facilities related to sexual abuse or harassment of a resident placed at King's Home. Agency policy serves as the guide should the event ever occur. 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.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.364:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, pp. 11-12, s. G, subbs. 1a-e</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, p. 19, s. XII, subss. 1-5</li> <li>3. PREA Form 115.331 Staff Receipt of PREA</li> <li>4. PREA Form 115.364 First Responder Checklist</li> <li>5. PREA Form 115.364.1 First Responder Guidelines for Sexual Assault</li> <li>6. King's Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Random Staff (6)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.364 (a) PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> <li>1. Separate the alleged victim and abuser.</li> </ol>

2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

Of these allegations, the number of times the first non-security staff member to respond to the report separated the alleged victim and abuser: zero (0)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0)

Upon receiving notice of an incident of sexual abuse by a resident, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the resident is kept safe and kept separated from the perpetrator, immediately notifying the Residential Manager or Manager on call, and:

1. Ensure resident does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation: and
2. Secure the incident area and treat it as a crime scene.

Staff should refer to the DYS Protocol: First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults. The protocol is reviewed with each staff upon hire, during orientation, and maintained in the tech staff office of each residential facility.

The DYS Protocol: First Responder Guidelines for Sexual Assaults provides in-depth guidelines regarding emergency medical attention, evidence collection, and treating both the victim's and perpetrator's bodies as crime scenes to safeguard evidence.

Interviews with Staff First Responders confirmed they were knowledgeable of their first responder duties.

115.364 (b) PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

	<p>King’s Home does not employ security staff. All staff are trained on the First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults.</p> <p>Interviews with staff confirmed they are knowledgeable of their first responder duties.</p> <p>The auditor reviewed the agency protocol for “staff first responder duties”. All areas were covered to include duties for security and non-security staff members. There have been zero (0) allegations that a resident was sexually abused within the last 12 months. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.365:</p> <p>1. Written Institutional Plan</p> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>1. Program Director</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The DYS Protocol: First Responder Guidelines for Sexual Assault coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p>

	<p>The Program Director confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The DYS Protocol: First Responder Guidelines for Sexual Assault coordinates actions among staff first responders and facility leadership.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.366:</p> <ol style="list-style-type: none"> <li>1. Written Policy and Procedures 13.8.1 *(a) 1 p.17, s. X. subs. B,5</li> <li>2. Notification Letter</li> <li>3. Administrative Leave Letter</li> <li>4. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>King’s Home does not have a collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The PREA Coordinator confirmed King’s Home has not entered or renewed any collective bargaining agreements.</p>

	<p>115.366 (b) King’s Home has not entered into or renewed any collective bargaining agreements.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.366 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.367:</p> <ol style="list-style-type: none"> <li>1. DYS-P.008 Protections Against Retaliation *(a)-1, p. 1, paragraph</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, p. 22-23, s. XV, subss. A-G</li> <li>3. PREA Form 115.342 Housing Unit Placement Form</li> <li>4. PREA Form 115.367 Protections Against Retaliation</li> <li>5. Treatment Notes</li> <li>6. PREA form 115.171 Investigative Outcome</li> <li>7. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. Designated Staff Member Charged with Monitoring</li> <li>3. Residents in Isolation (0)</li> <li>4. Residents who Reported a Sexual Abuse (0)</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>Retaliation or negative consequences for reporting sexual abuse/ harassment or cooperating with sexual abuse/ harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.</p>

115.367 (b) PAQ: The PREA Coordinator stated protective measures would be made on a case-by-case basis to ensure that all staff and residents are being treated fairly. Staffing changes, housing changes, and safety plans would be made as needed. The Program Director stated the facility would make housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. The Designated Staff Member Charged with Monitoring Retaliation, he stated the different measures he would take to protect residents and staff from retaliation would be the same. He confirmed he would initiate contact with residents who have reported sexual abuse. Contact would occur at least weekly through the treatment team.

115.367 (c) PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitor the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

For a period of ninety (90) days following a report, the PREA Coordinator, along with the respective PREA Compliance Manager, will monitor the treatment of residents or staff that made a report and the resident who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions.

Monitoring will include, but no be limited to:

1. Resident disciplinary reports (Behavioral Reviews)
2. Negative staff reviews or requests for transfers
3. Periodic status checks of residents

The Program Counselor stated the measures he would take if he suspects retaliation; that includes talking with staff and youth, interviewing staff and residents and providing consequences of retaliation. As the Designated Staff Member Charged with Monitoring Retaliation, he stated things he looks for to detect possible retaliation includes staff giving too many consequences. He monitors disciplinary reports and periodic status checks. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until a youth expresses no further retaliation or is released.

115.367 (d) PAQ: Policy states monitoring will include periodic status checks of residents.

	<p>The Designated Staff Member Charged with Monitoring Retaliation confirmed monitoring would include periodic status checks.</p> <p>115.367 (e) PAQ: If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.</p> <p>The Program Director stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including developing a safety plan and providing emotional support from the therapist. The Program Director stated the different measures he would take to protect residents and staff from retaliation would include housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. He stated measures he would take when he suspects retaliation would be the same.</p> <p>115.367 (f) Policy states responsibility to monitor will terminate if the allegation is found to be unfounded.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.367 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.368:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 8, s. C, subs. 2</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, p. 14, s. VI, subs. B</li> <li>3. PREA Form 115.342 Housing Unit Placement Form</li> <li>4. PREA Form 115.342.1 Isolation Activity Log</li> <li>5. King’s Home Pre-Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. Staff who Supervise Residents in Isolation (NA)</li> <li>3. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)</li> </ol>

	<p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>PAQ: The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0)</p> <p>King's Home does not use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse. One-on-one supervision, safety plans, and other protective measures would be used.</p> <p>The Program Director confirmed the facility does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.368 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.371:</p> <ol style="list-style-type: none"> <li>1. DYS-P.006 Referrals of Sexual Assault Abuse Harassment Allegations for Investigations (a)-1, p. 1, paragraph 1</li> <li>2. Records Retention Schedule (refer to DYS-P.006 (page 2, section 9)</li> <li>3. Written Policy and Procedures 13.8.1 *(a)-1, pp. 19-21, s. XIII, subss. 1-16</li> <li>4. Records Retention Schedule *(j)-1, p. 20-21, s. XIII, subs. 11</li> <li>5. PREA Form 115.371 Process for Investigating Sexual Assault Allegation</li> <li>6. PREA form 115.371.1 Investigative Outcome</li> <li>7. Credentials for Investigators</li> <li>8. Agreement with Shelby County Sheriff's Department</li> <li>9. King's Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. Interview with PREA Compliance Manager</li> <li>3. Shelby County Sheriff's Department Investigator</li> </ol>

The following describes how the evidence above was used to draw the conclusion regarding compliance:

115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Shelby County Sheriff's Department is responsible for allegations of sexual abuse or sexual harassment. The investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed he handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. He begins by interviewing the individual who reported the allegation. The auditor reviewed the report for the allegation of sexual abuse and observed they were received in a timely manner.

115.371 (b) Shelby County Sheriff's Department investigators receive specialized training in sexual abuse investigations involving juveniles. The Shelby County Sheriff's Department investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through classroom and computer-based training. He confirmed he received the required training.

115.371 (c) The Shelby County Sheriff's Department Investigator gathers all evidence, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The Shelby County Sheriff's Department investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. He then travels to the facility to conduct interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse would include interviews, statements, third-party information, etc.

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

The Shelby County Sheriff's Department investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e) The Shelby County Sheriff's Department investigator confirmed when he discovers evidence that a prosecutable crime may have taken place, he consults with prosecutors before conducting compelled interviews.

115.371 (f) The Shelby County Sheriff's Department investigator confirmed he judges the credibility of an alleged victim, suspect, or witness based on evidence.

He stated under no circumstance does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g) The Shelby County Sheriff's Department investigator confirmed the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DYS PREA Coordinator. He confirmed he documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h) The Shelby County Sheriff's Department investigator confirmed criminal investigations documented. There was no criminal investigation during the audit period.

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

The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

The Shelby County Sheriff's Department investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

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

DYS and Shelby County Sheriff's Department maintains all written reports pertaining to investigations of alleged sexual abuse or sexual harassment.

115.371 (k) The Shelby County Sheriff's Department investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

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

115.371 (m) The Program Director and PREA Compliance Manager stated when an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through the Shelby County Sheriff's Department.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.371 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.372:</p> <ol style="list-style-type: none"> <li>1. Written Policy and Procedures 1.29</li> <li>2. Written Policy and Procedures 13.8.1</li> <li>3. Work Rules of State Personnel</li> <li>4. Written Policy and Procedures 13.8.1 *(a)-1, p. 21, s. XIII, subs. 16</li> <li>5. King’s Home Pre Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>Investigator</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Shelby County Sheriff’s Department policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Alabama Code 36-14-3.</p> <p>The Shelby County Sheriff’s Department investigator confirmed he refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.372 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>

<b>115.373</b>	<b>Reporting to residents</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following documents and policy(s) were reviewed to determine compliance with standard 115.373:

1. DYS-P 007 Reporting to Juveniles Following a Sexual Assault \*(a)-1 and (c)-1, pp, 1-2
2. Policy and Procedures 1.29
3. Written Policy and Procedures 13.8.1\*(a)-1, p. 21, s. XIV, subss. A-C \*(b)-1, p. 21, s. XIV, subss. D \*(c)-1, pp. 21-22, s. XIV, subs. A and E \*(e)-1, p. 21, s. XIV, subs. B
4. PREA Form 115.371 Process for Investigating Sexual Assaults
5. PREA Form 115.373 Juvenile Notification of Investigative Outcome \*(a)-1
6. King's Home PRE Audit Questionnaire

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

Specialized Staff (2)

1. Program Director
2. Investigator
3. Resident that Report Sexual Abuse (NA)

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

115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: Zero (0)
2. 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: Zero (0)

Following an investigation into a resident's allegation of sexual abuse occurring in a King's Home facility, the resident will be informed as to whether the allegation has been determined to be substantiated or unsubstantiated. Such information will be requested from the investigative agency (Shelby County Sheriff's Department) in order to inform the resident.

The Program Director confirmed a resident who makes an allegation of sexual abuse is notified that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Shelby County Sheriff's Department Investigator confirmed he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.373 (b) PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: Zero (0)

115.373 (c) PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit.
2. The staff member is no longer employed at the facility.
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation of sexual abuse by a staff member that is investigated, determined to be substantiated and the resident is still residing in a King's Home facility, the PREA Compliance Manager will inform the resident if the staff member is no longer working at the facility, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented on a resident contact note.

115.373 (d) PAQ: Following a resident's allegation that he has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation of sexual abuse by another resident that is investigated, determined to be substantiated and the alleged resident victim is still residing in a King's Home facility, the PREA Compliance Manager will inform the

	<p>resident if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented on a resident contact note.</p> <p>115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of notifications to residents that were made pursuant to this standard: Zero (0)</li> <li>2. The number of those notifications that were documented: Zero (0)</li> </ol> <p>Notifications will be documented on a resident contact note.</p> <p>115.373 (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.376:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 16, s. L, subbs. 1-4</li> <li>2. Written Policy and Procedures 1.29 *(a)-1, p. 6, s. G, subbs. 5, and s. H</li> <li>3. Written Policy and Procedures 13.8.1*(a)-1, p. 1, 3 *(a)-1, p. 26-27, s. XX, subbs. A-D</li> <li>4. Disciplinary Sanctions for Sexual Misconduct</li> <li>5. King's Home Pre-Audit Questionnaire</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Staff are subject to disciplinary sanctions up to and including termination for violating King's Home sexual abuse or sexual harassment policies.</p>

115.376 (b) In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0)

2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

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

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

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)

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

115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

All terminations for violations of King's Home sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.377:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, p. 17-18, s. N</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, p. 28, s. XXII</li> <li>3. PREA Form 115.332 Volunteer and Contractor Receipt of PREA</li> <li>4. DYS Form 8.12 Critical Incident Report</li> <li>5. Reports to Law Enforcement</li> <li>6. King’s Home Pre-Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with standard 115.377:</p> <p>Specialized Staff (1)</p> <p>Program Director</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>The facilities maintain form 115.332 Volunteer and Contractor Receipt of PREA confirming that volunteers and contractors understand the training they have received. The acknowledgement form states the King’s Home’s zero-tolerance policy and requires that any contractor or volunteer who violates the policy will be terminated and referred for criminal prosecution unless the activity was clearly not criminal.</p> <p>Currently King’s Home does not employ any contractors and there are no volunteers providing services to the youth.</p>

	<p>115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Program Director confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the resident's pending investigation.</p> <p>King's Home policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. King's Home takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer. No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the twelve- month audit period. King's Home does not have contractors or volunteers who come in contact with the residents.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.378:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault *(a)-1, pp. 16-17, s. M, subbs. 1-7</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, pp. 27-28, s. XXI, subss. A-G</li> <li>3. DYS Form 8.12 Critical Incident Report</li> <li>4. DYS Form 8.12.1 Critical Incident Initial Debriefing</li> <li>5. DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing Report</li> <li>6. Student Disciplinary Report</li> <li>7. Student Disciplinary Hearing Report</li> <li>8. PREA Form 115.342 Housing Unit Placement Form</li> </ol>

- 9. Crisis Intervention Treatment Notes
- 10. PREA Form 115.371.1 Investigative Outcome
- 11. King's Home PRE Audit Questionnaire

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

Specialized Staff (1)

Program Director

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

115.378 (a) PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Zero (0)
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)

It is the policy of the Alabama Department of Youth Services that residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that the resident engaged in resident-on-resident sexual abuse/ harassment. Therapy, counseling, and case management services will be provided to address and correct the underlying reasons or motivations for abuse.

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

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0)
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A

3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

King's Home does not use isolation as a disciplinary sanction. The Program Director stated disciplinary sanctions would include placing youth on restriction or placement changes. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

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

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Program Director confirmed mental disability or mental illness is considered when determining sanctions.

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

The facility would consider whether to refer the offending resident to counseling or other interventions designed to address and correct underlying reasons motivations for abuse.

115.378 (e) PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Residents will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378 (f) PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

	<p>King’s Home residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Disciplinary sanctions are 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. The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</p> <p>If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility will offer the offending resident participation in such interventions. The Agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of The Office of Investigations will refer youth for criminal prosecution when appropriate. The Agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact.</p> <p>Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse. The Facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>King’s Home/DYS has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. King’s Home does not utilize isolation. There have been no administrative or criminal findings of resident-on resident sexual abuse at the facility within the twelve month audit period.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p>

The following documents and policy(s) were reviewed to determine compliance with standard 115.381:

1. DYS-P.001 Protection from Sexual Abuse and Assault \*(a)-1, p. 7. s. B, subs. 6
2. Written Policy and Procedures 13.8.1 \*(a)-1, pp. 11-13. s. IV, subs. I
3. Code of Alabama
4. PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
5. DYS Form 115.381 Clinical Services Consent to Treatment
6. PREA Form 115.381a Release of Information

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

Specialized Staff (1)

1. Residents who Disclosed Sexual Victimization at Risk Screening (NA)
2. Staff Responsible for Risk Screening

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

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

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

Counselor will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment or make an outside referral within (14) fourteen days of the intake screening.

King's Home had no residents with prior victimization and/or who scored high risk on the risk screen during intake during the audit reporting period.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. He confirmed the meeting would occur within fourteen (14) days.

115.381 (b) PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. A follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g.,

form, log) documenting compliance with the above required services.

115.382

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: Four (4 residents)

Each resident will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered. He confirmed the meeting would occur within fourteen (14) days.

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

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

115.381 (d) PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The Program Counselor confirmed informed consent from residents is obtained from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He stated he is a mandatory reporter. The facility does not house resident over 18 years of age.

Current operations and practices meet the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed.

Corrective Action: None

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following documents and policy(s) were reviewed to determine compliance with standard 115.382:

1. DYS-P.001 Protection from Sexual Abuse and Assault \*(d)-1, p. 12, s. H, subs. 2
2. Written Policy and Procedures 13.8.1 \*(d)-1, p. 23, s. XVI subs. 4
3. Rape Crisis Center/ Child Advocacy Center Memorandum of Agreement
4. PREA Form 115.364 First Responder Checklist
5. PREA Form 115.331 Staff Receipt of PREA
6. PREA Form 115.321 Victim Advocate Receipt of PREA
7. PREA Form 115.382 Patient Consent to Treatment Form
8. Emergency Medical Treatment Notes
9. King's Home PRE Audit Questionnaire

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

Specialized Staff (6)

1. Security Staff and Non-Security Staff First Responders
2. Residents who Reported a Sexual Abuse (NA)

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

115.382 (a) PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non- health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

For those sexual abuse incidence alleged to have occurred within seventy two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the resident). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) if possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical professionals. Program staff accompanying youth to the hospital will document efforts to provide SAFE's or SANE's. If the child/youth refuse medical treatment, document on form CS-0991 PREA Refusal of Medical Treatment that medical treatment was offered to the resident and if the offer for medical treatment was refused by the resident, or accepted by the resident but refused to be examined after arriving at the medical facility.

The Program Director ensures resident victims of sexual abuse while incarcerated

shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

The Program Counselor stated the nature and scope of these services would be determined according to her professional judgment and he would provide all services needed.

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

Staff were knowledgeable of their first responder duties, including how to take preliminary steps to protect a victim and immediately notifying the appropriate medical and mental health practitioners by following the First Responder Guidelines for Sexual Assault.

115.382 (c) PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The Program Counselor confirmed resident victims of sexual abuse receive timely and unimpeded access to crisis intervention services. He confirmed he would maintain secondary materials documenting the timeliness of crisis intervention services that were provided. Interviews with the Program Director and the Children's Hospital of Alabama confirmed residents are offered timely information about and timely access to sexually transmitted infections prophylaxis.

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

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

Corrective Action: (None)

<p><b>115.383</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.383:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault * (a)-1, pp. 14-15, s. I, subss. 1-4</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, pp. 23-25, s. XVI. subss. A-B</li> <li>3. Medical Mental Health Records</li> <li>4. Treatment Notes</li> <li>5. Memorandum of Understanding with CHIPS Center (Children’s Hospital Intervention and Prevention Services)</li> <li>6. Corporative Agreement with the Children’s Hospital of Alabama</li> <li>7. Mental Health Status Evaluation</li> <li>8. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Program Counselor</li> <li>2. Residents who Reported a Sexual Abuse (NA)</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.383 (a) PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:</p> <ol style="list-style-type: none"> <li>1. Facility staff provides emotional support to the resident through the forensic medical exam process and investigation interviews.</li> <li>2. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the resident safe and free from sexual abuse.</li> <li>3. An assessment by a mental health professional.</li> <li>4. Mental health counseling as needed considering the preferences of the resident. Services will be provided by mental health professionals with-in King’s Home or an outside provider. The resident’s preferences will be documented.</li> </ol>
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115.383 (b) The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

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

115.383 (d)PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

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

Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided. King's Home does not house female youth.

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

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at local area hospitals.

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

King's Home provides treatment services without financial cost to victims.

115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The Program Counselor confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate. He stated the mental health evaluation would be offered as soon as he is notified.

The CHIPS Center (Children's Hospital Intervention and Prevention Services) shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA standards. Care is consistent with the community level of care. There has been one sexual assault victims in the past 12 months.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.383 based upon documentation provided and interviews conducted.

Corrective Action: (None)

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.386:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault * (a)-1. pp. 18-19, s. O</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, pp. 28-29, s. XXIII, subbs. 1-7</li> <li>3. Supporting Documentation:</li> <li>4. DYS Form 8.12 Critical Incident Report Form</li> <li>5. DYS Form 8.12.1 Critical Incident Initial Debriefing Form</li> <li>6. DYS Form 8.12.2 Critical Incident Two-Week Follow-up Debriefing Form</li> <li>7. PREA Form 115.386 Sexual Abuse Critical Incident Review Form</li> <li>8. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> <li>1. Program Director or Designee</li> <li>2. PREA Compliance Manager</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision):</p> <p>115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: Zero (0)</p> <p>A sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.</p> <p>115.386 (b) PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: Zero (0)</p> <p>115.386 (c) PAQ: The sexual abuse incident review team includes upper-level</p>

management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The review team will consist of management level staff present at the Alabama Department of Youth Services monthly Quality Improvement (QI) meeting. The Program Director confirmed the facility has a sexual abuse incident review team.

115.386 (d) PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

The review team will:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by:
  - Race
  - Ethnicity
  - Gender Identity
  - Lesbian, gay, bisexual, transgender (GLBT) or intersexual identification, status, or perceived status, or.
  - Gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
3. Meet at the facility where the alleged incident occurred; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing patterns during certain shifts.
5. Assess monitoring technology adequacy, and.
6. Document any recommendations for improvement, or reasons for not doing so.

The Program Director and PREA Compliance Manager confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacies of staffing levels in the area are assessed for different shifts. He confirmed the PREA Incident Review Team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement. He confirmed he is a member of the sexual abuse incident review team, other members include the Assistant Program Director (PREA Compliant Manger), and Program Counselor.

115.386 (e) PAQ: The facility implements recommendations for improvement or documents its reasons for not doing so.

	<p>There has been no criminal investigation of sexual abuse conducted in the last 12 months.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.387:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault * (a)-1, p. 19, ss. 1-4</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1, pp. 29-30, s. XXV. subss. A-E</li> <li>3. U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile)</li> <li>4. Annual Survey of Sexual Violence</li> <li>5. Annual Data Review</li> <li>6. King's Home PRE Audit Questionnaire</li> <li>7. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>Data will be provided to DYS as instructed by the DYS PREA Coordinator utilizing a standard instrument provided by DYS to contracted providers.</p> <p>The auditor reviewed Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p>

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

The auditor reviewed the aggregated incident-based sexual abuse data.

115.387 (c) PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Survey of Sexual Victimization Substantiated Incident Form (Juvenile) provides data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

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

DYS maintains, reviews, and collects data as needed from all available incident-based documents, including report and investigation files. King's Home maintains sexual abuse incident reviews.

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

King's Home does not contract with other facilities for the confinement of its residents.

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

The DOJ did not request King's Home to provide all such data from the previous calendar year.

King's Home collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile). The Agency maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted.

Corrective Action: (None)

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following documents and policy(s) were reviewed to determine compliance with standard 115.388:

1. DYS-P.001 Protection from Sexual Abuse and Assault \* (a)-1, pp. 18-19, s. Q, subss. 1-4
2. Written Policy and Procedures 13.8.1 \*(a)-1, p. 30, s. XXVI, subss. A-D
3. DYS Form 8.12.1 Critical Incident Initial Debriefing
4. DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing
5. Annual Data Review
6. Annual Facility PREA Report
7. Annual DYS PREA Report
8. King's Home PRE Audit Questionnaire

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

Specialized Staff (2)

1. PREA Coordinator
2. PREA Compliance Manager

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

115.388 (a) PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas.
2. Taking corrective action on an ongoing basis; and.
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Data will also be sent to 1. King's Home's Director of Quality Improvement to collect and aggregate in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response to policies, practices and training including by preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. A comparison of the current years data and corrective actions with those from prior years and shall provide an assessment of the agencies progress in addressing sexual abuse.

The Agency Head Designee/ PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The agency ensures that data collected is securely retained.

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

The auditor reviewed the annual reports for verification.

115.388 (c) PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The report will be approved by the agencies Performance Improvement Committee and annually by the Board of Directors and made available to the public through the web-site or other means as applicable.

The Agency Head Designee confirmed she approves annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the Alabama Department of Youth Services at <http://dys.alabama.gov>.

115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The PREA Coordinator stated all identifying information is redacted from the report, the auditor observed no personal identifiers were included in the annual report.

In compliance with PREA Standard §115.389, regarding publication of aggregated sexual abuse data, the Alabama Department of Youth Services (DYS)/King's Home reports no incidents of Sexual Victimization. Department of Justice Survey of Sexual Victimization. DYS/King's Home continues to educate all staff, youth, contractors, and volunteers on PREA and the importance of protecting youth in confinement facilities from sexual abuse.

115.388 (a-d) The agency developed an annual report according to the standard requirements. The annual reports were published at: <http://dys.alabama.gov>.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.388 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.389	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.389:</p> <ol style="list-style-type: none"> <li>1. DYS-P.001 Protection from Sexual Abuse and Assault * (a)-1, s. P, subss. 1-5</li> <li>2. Written Policy and Procedures 13.8.1 *(a)-1&amp;(b)-1, pp. 30-31, s. XXVII, subs. A-D</li> <li>3. Records Retention Schedule *(a)-1, p. 31, s. XXVII, subss. D</li> <li>4. Annual PREA Report Published on Website King’s Home PREA Policy</li> <li>5. DYS Policy 18.8 Protection from Sexual Abuse and Assault</li> <li>6. King’s Home PRE Audit Questionnaire</li> </ol> <p>The following staff was interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> <li>1. Program Manager</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>The auditor observed the annual reports were published on the agency’s website and approved by the Alabama Department of Youth Services at:  <a href="http://dys.alabama.gov">http://dys.alabama.gov</a></p> <p>115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.</p> <p>The auditor observed the annual reports were published on the agency’s website. The auditor observed no personal identifiers at <a href="http://dys.alabama.gov">http://dys.alabama.gov</a>.</p>

	<p>115.389 (d) PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.</p> <p>DYS and King’s Home maintains sexual abuse data collected pursuant to PREA Standards §115.387 for at least ten (10) years after the date of its initial collection.</p> <p>The auditor reviewed historical sexual abuse data.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.389 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.401:</p> <ol style="list-style-type: none"> <li>1. King’s Home Pre-Audit Questionnaire responses</li> <li>2. Interviews</li> <li>3. Research</li> <li>4. Policy Review</li> <li>5. Document Review</li> <li>6. Observations during onsite review of facility</li> </ol> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>King’s Home was last audited for compliance with the Prison Rape Elimination Act October 2020. The report is posted on the agency's website at The annual reports were published at: <a href="http://dys.alabama.gov">http://dys.alabama.gov</a>.</p> <p>115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>The agency ensures all facilities are audited for compliance at least every three</p>

years, reports for all audited facilities can be found on the agency's website. The annual reports were published at: <http://dys.alabama.gov>. Review of the website confirmed the agency ensures all facilities operated by DYS were audited each three-year cycle.

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

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

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

The facility provided proof of staff training. Youth's PREA training, intake and orientation records, assessments, and reassessment, and education materials were provided by the facility.

MOUs for an outside advocate services and SANE exams were reviewed by the auditor.

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

The auditor was permitted to conduct private interviews with residents, staff, and contractors. Adequate space was provided to complete interviews with targeted residents, randomly selected residents, specialized staff, and randomly selected staff. Staff assisted the auditor by having residents readily available for interview. All individuals interviewed were forthcoming and polite, no individual refused interview.

115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received from youth, staff, or outside interested parties.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.

Corrective Action: (None)

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <ol style="list-style-type: none"><li>1. King’s Home Pre-Audit Questionnaire</li><li>2. Policy Review</li><li>3. Documentation Review</li><li>4. Interviews</li><li>5. Observations during onsite review of facility</li></ol> <p>All DYS PREA Audit Reports are published on the agency’s website at: <a href="http://dys.alabama.gov">http://dys.alabama.gov</a>.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.</p> <p>Corrective Action: (None)</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	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".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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 )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
	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. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	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).)	na
	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).)	na
	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).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
	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.)	na
	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.)	na
	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.)	na
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, 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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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