### Name of Facility:
Alabama Department of Youth Services and Girls Intensive Education and Treatment Facility: Working on Womanhood (WOW)

### Physical Address:
1000 Industrial School Road, Mt. Meigs, Alabama 36057

### Agency Website:

### Is the Agency Accredited?
None

### Date report submitted
August 21, 2014

### Auditor Information

<table>
<thead>
<tr>
<th>Auditor</th>
<th>Adam T. Barnett, Sr.</th>
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<tbody>
<tr>
<td>Address</td>
<td>P.O. Box 5988</td>
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<tr>
<td>Email</td>
<td><a href="mailto:Adam30906@Gmail.com">Adam30906@Gmail.com</a></td>
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<tr>
<td>Telephone number</td>
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<td>July 24 - 25, 2014</td>
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### Facility Information

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### Name of PREA Compliance Manager:
April Jones

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<tr>
<th>Title:</th>
<th>PREA Coordinator/Facility PREA Compliance Manager</th>
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6001 12th Ave. East, Suite B
Tuscaloosa, Alabama 35405

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### Agency Information

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### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dr. Jacalyn Tippey</th>
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<tr>
<td>Title:</td>
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### Email Address:

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### Agency Wide PREA Coordinator

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<tr>
<th>Name:</th>
<th>Bobby Latham</th>
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<td>Title:</td>
<td>PREA Coordinator</td>
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| Email Address: | Telephone Number: | 205-838-6618 |
AUDIT FINDINGS

NARRATIVE:

Working on Womanhood (WOW) posted the required PREA notice of the upcoming audit 60 days prior to the audit for confidential communications. As of July 23, 2014, there were no communications from youth or staff. The Pre-Audit Questionnaire was completed by the facility and returned to the DOJ Certified Juvenile Auditor as required.

The Audit Team completed a documentation review from the Pre-Audit Questionnaire, to include policies, procedures and additional documentation provided on the thumb drive. The results of the documentation review were shared with the program at the site visit. Several phone conversations were conducted and emails exchanged with the Program PREA Compliance Manager.

The on-site PREA Audit was conducted on July 24 – 25, 2014. Robert Lanier, Certified ACA Auditor, served as the assistant to the Auditor. The entrance meeting was attended by Jill Beck- YSI Director and J.D., Dr. Jacalyn Tippey- WOW Program Director, Angela Lewins – Registered Nurse, Jennifer Patterson-Prince – Clinical Director, Dr. Lloyd B. Williams – Consulting Psychiatrist, Jacquelyne Johnson – Case Manager, and April Jones WOW PREA Coordinator/PREA Compliance Manager. The audit work plan was discussed, random samples of youth and staff were selected, and specialized staff were identified. Also, additional pre-audit information was obtained.

A tour was conducted following the entrance meeting by Shaun Patterson, WOW Care Manager and April Jones, WOW PREA Coordinator. The tour covered all areas of the campus, including administration, youth living units, and intake. Informational PREA posters in English and Spanish were observed throughout the living units and program wide. The program has procedures that enable residents to shower, perform bodily functions, and change clothing without staff viewing. The facility was clean, odor free, and well maintained.

Forty-six (46) staff were employed at the program as of the audit date; Ten (10) active volunteers and nine (9) contractors currently are providing services to the program. Interviews were conducted with 13 staff members. During the interviews, staff indicated that unannounced rounds occur frequently and are documented.

The population count was 8 and the total bed capacity is 16. The average length of youth stays during the audit period was 174 days. During the intake process six youth reported prior sexual victimization (none of which occurred at the program). One (1) youth identified as being lesbian or gender nonconforming. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency. At the time of the audit, no youth was placed in isolation for risk of sexual victimization. A total of 7 youth were Interviewed. Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are required to participate within 72 hours, in a PREA education session.

There were six (6) PREA-related allegations made in the previous 12 months. There were no allegations of sexual abuse or sexual harassment reported using the grievances process. The six reported allegations were reported to staff and investigated as administrative incidents. The youth was offered services and met with mental health staff. Supervising staff were alerted to these allegations to ensure there is no retaliation. It should be noted that these, as well as all incidents, are thoroughly reviewed by management to ensure all procedures have been followed and to determine whether revisions or changes should be made to better prevent incidents of sexual abuse and sexual harassment. The program received one (1) allegation of a youth being abused while confined at
another facility. The facility met the required PREA standard. There are no exceptions to the facility's prohibition against cross-gender pat searches.

The debriefing meeting was conducted on July 25, 2014 and was attended by Jill Beck- YSI Director and J.D., Dr. Jacalyn Tippey-WOW Program Director, Jennifer Patterson-Prince – Clinical Director, April Jones WOW PREA Coordinator/PREA Compliance Manager, and Shaun Patterson – Care Manager.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Working on Womanhood (WOW) is a 16 bed Girls Intensive Education & Treatment Program housed in a one building structure located in Tuscaloosa, Alabama. The Program provides services to a specialized population of adolescent females, generally ages 13-18 that have been committed to the DYS and meet specific admission criteria. The youth live in a one cell room with toilet and sink. The showers are located on the living units. WOW is a secure facility. The program maintains a staff ratio of 1:4 during wake hours and 1:8 during sleep hours.

WOW is a joint project between the Alabama Department of Youth Services (DYS) and the Youth Services Institute (YSI).

SUMMARY OF AUDIT FINDINGS:

On July 24th and 25th, 2014, a site visit was conducted at the WOW Program, located at 6001 12th Avenue East, Suite B, Tuscaloosa, Alabama 35405 by Adam T. Barnett, Sr. Department of Justice Certified Juvenile PREA Auditor. The Juvenile Facility Standards were used to conduct the audit. There are 41 standards which consisted of sub standards. A summary of the audit findings are listed below.

- Number of Exceeds Standards = 2
- Number of Meets Standards = 39
- Number Does Not Meet Standards = 0
- Number of Not Applicable Standards = 0

**Note:** If one sub-standard does not meet, then the whole standard is rated non-compliant.

The program completed corrective actions during the on-site visit, which the auditor allowed.

**§115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Overall Determination:**

- ( ) Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ( ) Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The Alabama Department of Youth Services and Girls Intensive Education and Treatment Facility: Working on Womanhood (WOW) Program has a written PREA policy mandating zero tolerance toward all forms of sexual abuse
and sexual harassment. The policies outline the approaches to prevent, detect, and respond to sexual abuse and harassment.

The WOW Program has a PREA coordinator/PREA compliance manager with sufficient time and authority to develop, implement, and oversee the efforts to comply with PREA. Both the PREA coordinator/PREA compliance manager is listed on the agency organizational chart.

Interviews:

An interview with the State Department of Youth Services Statewide PREA Coordinator indicated that in Alabama each private facility has its own PREA Coordinator. He stated that he has assisted each facility by providing technical assistance. The WOW Program has a PREA Compliance Manager who will now begin to serve as the PREA Coordinator. Both the Statewide PREA Coordinator and WOW Coordinator stated that they have sufficient time to perform their duties and attend to their responsibilities. The PREA Compliance Manager/Coordinator for this program is extremely knowledgeable, effective and enthusiastic.

§115.312  Contracting with other entities for the confinement of residents

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The WOW Program does not contract with any outside contractors to provide confinement.

Interviews:

The PREA Coordinator stated that all contractors are required to comply with all PREA requirements. An interview with a contract service provider indicated she was knowledgeable of the PREA Zero Tolerance Policy and requirements for reporting.

§115.313 - Supervision and monitoring

Overall Determination:

X Exceeds Standard (substantially exceeds requirements of standard)
( ) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The WOW Program has a staffing plan. In calculating adequate staffing, the program considered all required PREA components when reviewing the staffing plan. In addition to supervision and monitoring, the program use video monitoring. The program has two safe cells that are equipped with video monitoring. WOW procedures clearly provide for youth to perform bodily functions without viewing from staff of the opposite gender. The
program considered all required PREA components when reviewing the staffing plan. The agency maintains a staff ratio of 1:4 during wake hours and 1:8 during sleep hours.

The facility ensures that all hidden or secluded areas (such as janitor closets, etc.) where covert sexual behavior may occur are monitored and the doors kept locked and secured at all times. The facility maintains a clear and unobstructed view into staff offices and youth room doors.

**Interviews:**

The Program Director stated that she and her staff continuously evaluate the need for additional video monitoring to protect residents. She stated that she has added audio to some components of the system and has plans to expand the audio to more areas. She stated she currently needs a camera for the library. The PREA Compliance Manager was very knowledgeable of the standards requirements. She related that the WOW program exceeds the DYS staffing ratios by providing a 1:4 daytime hours and 1:8 during sleep time. We discussed each bullet of the standard and she stated the director, she, and the PREA Response Team would consider each requirement in developing the staffing plan for the program. Interviews indicated that unannounced rounds are conducted by the PREA Coordinator, the line staff supervisor and the program director and that these rounds are conducted at all hours and non-typical work hours.

**§115.315 – Limits to cross-gender viewing and searches**

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*  
X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW staff are not permitted to conduct cross gender searches. There is a training curriculum provided that all staff receives on how to conduct the searches in exigent circumstances. There was a sign-in sheet of training confirming that staff have had the training. There were signed staff acknowledgement forms submitted but it did not cover the training on searches.

The WOW program policy and procedures prohibit any types of hands on body searches and visual body cavity searches. The youth rooms are designed with individual sinks and toilet. Community showers are designed without video monitoring, which allows youth to change clothing without staff of the opposite gender or staff in general viewing.

WOW used two “safe rooms” that are equipped with surveillance monitoring that will also allow a youth to use the restroom in private without being viewed by staff located in the control room. The staff member responsible for the 1:1 supervision of the youth housed in the safe room will notify the control room wherever the youth needs to use the restroom, and will instruct the control room staff to change the camera view displayed on the control room monitor. Once the youth finishes using the rest room the control room staff will be notified to resume normal surveillance.

WOW procedure 13.8.1 states “When needed in the rare instances where female staff is not present, male staff may announce their arrival on the unit.”
The program practice does not restrict access to regularly available programming or other out of room’s opportunities in order to comply with PREA provisions.

**Interviews:**

Nine (9) security staff, representing staff from all three shifts, were interviewed. One (1) staff indicated cross gender pat down searches were permissible. Three (3) staff stated that in exigent circumstances such as a riot or other emergencies where all female staff were attending to other duties and not available they could conduct cross gender pat down searches. The remaining staff stated they would not conduct pat down cross gender searches in any circumstance. All nine (9) security staff stated they could not conduct strip searches of any youth. They related medical would have to conduct those. All of the interviewed staff related they could not recall being trained to search transgender or intersex youth but several stated they thought they had received training to conduct cross gender pat down searches in exigent circumstances. They did understand the standard requirements for specific training to conduct cross gender pat down searches and searches of transgender and intersex residents in a respectful and professional manner consistent with security needs to be authorized to conduct those searches. Interviews with seven (7) of eight (8) female youth in the program during the audit (one youth who was in disciplinary confinement was too hostile to interview) revealed that youth have never been searched by a male nor have they ever observed a male staff pat down search a female youth.

| §115.316 – Residents with disabilities and residents who are limited English proficient |

**Overall Determination:**

- ( ) Exceeds Standard *(substantially exceeds requirements of standard)*
- X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW has a contract with a bi-lingual contractor. WOW Procedure 17.1 clearly states that an interpreter will be used when needed to ensure the youth understanding of PREA.

Alabama Department of Youth Services (DYS) Policy 17.1, WOW Procedure 17.1, WOW PREA Training Curriculum, Interpreter’s Contract, and DYS 13.8.1 all gives guidance on ensuring all disabled residents will be afforded the opportunity to participate and benefit from all aspects of the program’s PREA efforts.

WOW Procedure 17.1 states "The program will make arrangements to ensure that students who are limited English proficient, deaf, have deficits is comprehension, or otherwise disable will receive all program orientation materials in a method commensurate to their skills and abilities." DYS policy 17.1 states "If there is an apparent language barrier, the receiving facility will arrange to have the new juvenile receive the orientation in their own language. Completion of orientation is documented using the Orientation and PREA Student Acknowledgement pages, which are signed and dated by the juvenile and staff." WOW PREA Regulatory Guidelines state, “The program will not rely on resident interpreters, resident readers, or other types of Juvenile assistance, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a Juvenile’s safety, the performance of first-responder duties, or the investigation of a Juvenile’s allegations.”
Interviews:

The Program Director, in an interview, stated that the WOW Program has a contract with the University of Alabama to provide speech and hearing services for disabled youth as well as for interpreters for Spanish speaking youth. 100% of an additional 13 interviewed staff stated that resident interpreters are not used. Most of the staff were aware of a contract for the provision of interpreting services. They were not sure how to access them.

§115.317 – Hiring and promotion decisions.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The program procedures prohibit hiring or promotion of staff and contractors that may have contact with youth who have 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 the activity.

WOW PREA Procedure Guidelines 13.8.1, page 8 gives a clear description of the hiring and promoting process as it pertains to background clearances. Background checks will be conducted every 4-5 years. Local and state child abuse registries are checked on all employees and contractors.

All background records checks are completed by the University of Alabama Human Resources (UA HR). UA HR requires a background investigation to include criminal history, social security number trace, sex offender and, for some positions, a credit history, education check and work references, and when required, MVR or license investigations prior to a formal background request being submitted. The Auditor recommended that the program review other ways of obtaining access to civil judgments.

Staff interviews indicated that staff members who engage in sexual abuse and or misconduct with a youth are terminated and reported to the appropriated law enforcement agencies, as well as informing the relevant licensing bodies.

Interviews:

The Staff Person responsible for Human Resources stated that the background checks for prospective employees consists of federal and state checks as well as checks of the Child Abuse Registry. She related the program does not have access to Civil Judgments. She also stated these background checks are conducted again when a staff transfers to another shift or if they are promoted and again not later than five years. The same process would be conducted for volunteers and contractors. She indicated that inquiry into previous misconduct is a part of the application process. Staff are required to disclose any arrests at any time during their employment. When inquiries are made by another institution and requests for information are made the HR Staff stated the
program’s legal department would be consulted to make a determination about what information, if any, could be provided.

§115.318 – Upgrades to facilities and technology.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There have been no facility upgrades. The existing video surveillance was updated with audio. Updates to the video and audio surveillance system took into consideration potential impact on the program's ability to protect juveniles from sexual abuse. The updates were installed by Vision Security Technologies.

**Interviews:**

Interviews with both the agency director and the program director indicated that they are continuously assessing how they can enhance technology systems, including video cameras and audio for those camera systems. They stated audio has recently been added to the living unit pods to enhance protection of residents. The program director stated she wants to add cameras to cover the library and to enhance that as well with audio. She also stated staff utilize the intercom system in the control room to listen and to provide a way youth can ask for assistance. The control room operator was observed watching the closed circuit TV system. Interviews indicated the PREA Coordinator, the PREA Response Team, and Director are always considering anything else they can do or implement to enhance protection for the youth.

§115.321 – Evidence protocol and forensic medical examinations.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 1.29, Special Investigations and Policy 13.8.1 defines the responsibilities of WOW in investigating sexual abuse allegations and services that will be provided to the youth if an abuse should occur. WOW is responsible for investigating allegations of Sexual Abuse/Assault/Harassment following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. When it appears that allegations of Sexual Abuse, Sexual Assault, and Sexual Harassment are supported by evidence of criminal behavior, WOW ensures that the allegations are referred for investigation by the Tuscaloosa Police Department. All referrals are documented.
There is an agreement with The Children’s Hospital of Alabama a/b/a CHIPS Center (Children’s Hospital Intervention and Prevention Services) and DCH Regional Medical Center to provide inpatient/outpatient medical services to any youth at WOW that may require such services.

The CHIPS Center agreed to accept referrals of suspected sexual abuse and/or harassment alleged to have occurred at the facility which includes intake screening for eligible services, scheduling a non-emergent forensic medical examination, case management and appropriate counseling referral as deemed appropriate. Non-emergent refers to a report of a suspected sexual abuse incident greater than 72 hours without a report of pain, bleeding or discharge.

The CHIPS Center also provides services at no cost to youth in the WOW program. Additional services include non-emergent sexual assault forensic exam performed by a trained SANE (Sexual Assault Nurse Examiner) or a specially trained M.D., use of specialized equipment, photo and written documentation. The SANE examinations are performed according to the standards set forth by the Alabama Board of Nursing in conjunction with the International Association of Forensic Nurses and in alignment with the Alabama Coalition against Sexual Violence standards.

The WOW has documentation confirming reaching out to the Women’s Resource Center to provide out-side victim advocate services if need. However, the Women’s Resource Center indicated that they will not be able to provide the requested services.

There are two (2) WOW staff that attended advocacy training at Alabama Coalition against Female Violence.

The Auditor recommended, as a part of the upcoming PREA Refresher training, the inclusion of protection of the physical evidence.

Interviews:

Nine (9) of nine (9) interviewed security staff were knowledgeable of the staff responsible for internal investigations. Staff struggled to enumerate the steps they would take to protect physical evidence. Consistently they articulated that they would separate the victim from the alleged perpetrator and notify the supervisor however they were very inconsistent in how they would protect the physical evidence. Four (4) of the nine (9) stated they would secure the area. Three (3) said they would not let the youth shower. None of the interviewed staff stated they would try to keep the youth from using the bathroom or brushing their teeth. The facility has a staff member who serves as a youth advocate. The facility victim advocate is the Clinical Director. In an interview, she stated she has completed PREA Advocacy Training. The facility victim advocate would be available to accompany a youth to the hospital and through the investigation process if requested. The PREA Manager related that she has tried to secure a memorandum of understanding with the Women’s Resource Center to provide advocacy services but has not yet received a response. All of the interviewed youth stated they knew how to obtain the services of a victim advocate however consistently they indicated they would contact the DYS Advocate who comes to the facility once a week. Too, they indicated they could access an advocate through using the hotline at the facility.

**115.322 – Policies to ensure referrals of allegations for investigations.**

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The WOW program has a process in place that ensures that all allegations of sexual abuse or sexual harassment are referred for investigation by the WOW investigators or law enforcement.

WOW Procedure 13.8.1 describes in detail how investigations will be conducted. WOW has a protocol/process flow chart that shows step by step actions to be taken in referring and investigating allegations. There were five (5) investigations during this reporting period that WOW attached for review. The Policy states that during an administrative investigation if it appears to be criminal it will be immediately referred to law enforcement for investigation.

Interviews:

Interviews with the agency director, program director, facility staff and the program investigator revealed that the program investigator conducts administrative investigations in the program and law enforcement is the agency with the legal authority to conduct criminal investigations.

| 115.331 – Employee Training |

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1 outlines training requirements for all staff. The PREA Training Curriculum was submitted for review. The 20 staff hired during the 12 month period and all staff have successfully completed the required training. Procedure 13.8.1, page 4 details what areas of training will be required for each staff, which met all the PREA requirements.

WOW staff have been trained on the State of Alabama relevant laws related to mandatory reporting of Sexual Abuse to outside authorities. The training includes Alabama law (Ala. Code 26-14-1 et seq.) that makes the reporting of known or suspected child abuse or neglect mandatory for hospitals, clinics, medical professionals, teachers, school officials, law enforcement officials, social workers, daycare workers, mental health professionals, members of the clergy, and any other person called upon to render aid or medical assistance to a child. The University Alabama’s position is that, in addition to the mandated statutory reporting requirements for certain individuals and entities, all University personnel should immediately report known or suspected child abuse or neglect as provided by policy.

The training was tailored to residents of juvenile facilities, youth rights to be free from sexual abuse and sexual harassment, and the rights of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The program provides rosters with employee’s signatures indicating that they understand the training they received.
WOW requires all staff and contract service provider to ensure that all required training is met and to maintain training records on each employee to document when and where the employee received the training. WOW also requires employees to sign a Staff Training Acknowledgement Form Prison Rape Elimination Act (PREA) of 2003. WOW conducts PREA Refresher annually, discuss PREA related information during staff meetings, and staff are required to attend the refresher trainings every two years; however, the auditor recommended that PREA Refresher training include information from the initial training.

**Interviews:**

Interviewed professional staff were able to articulate the training and topics they had covered in training. Interviews with nine (9) line staff indicated that they were not knowledgeable of the topics they had been trained in and with prompting from the auditor they were able to mention more. Staff rarely mentioned more than 2-3 three things they had been trained in that they could recall. Examples of responses were: how to handle situations; one said he had been trained on what qualifies for PREA and no more; one said how to eliminate sexual interaction and respond. Only one staff mentioned the Zero Tolerance Policy. The most common responses were reporting procedures. Rarely were they able to describe the steps to protect and secure physical evidence. It was evident in the interviews however that they were very conscientious about protecting youth, eliminating potential for sexual abuse to occur and they knew they were mandated reporters.

**115.332 – Volunteer and contractor training.**

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*  
**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW provides an orientation for volunteers and contract providers. Training Curriculum was provided for both to review. WOW has ten (10) active volunteers and five (5) contractors. The program ensures that all volunteers and contractors who have contact with youth have been trained on their responsibilities under the program’s sexual abuse and sexual harassment policy and the policies of Alabama Department of Youth Services.

The level and type of training provided were based on the services they provided and the level of contact they have with the youth. All volunteers and contractors who have contact with youth signed the Volunteer/Contract Service Provider Acknowledgement Form Prison Rape Elimination Act (PREA) of 2003.

**Interviews:**

Interviews with a volunteer and one contractor who have contact with residents indicated they had been trained on their responsibilities for reporting all allegations of sexual abuse and sexual harassment. Both indicated they had received training, understood the Zero Tolerance Policy and reporting procedures and had signed statements acknowledging they understood the agency's policies related to PREA.
115.333 – Resident education.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*  
**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW provided signed PREA Youth Acknowledgement Forms completed during PREA Orientation process. Pamphlets /Brochures /Posters are provided to youth with the DYS Abuse Hotline Number and how to report abuse. Some youth educational information was available in Spanish. The Student handbook was reviewed and included PREA information for the youth. WOW uses the END SILENCE: Youth Speaking up about Sexual Abuse in Custody “Sheila’s Dilemma” by Jaime M. Yarussi, M.S. Assistant Director, The Project on Addressing Prison Rape; The Washington College of Law.

During the intake process, residents receive information explaining, in an age appropriate fashion, WOW’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Within 48 hours of arrival at facility, the agency provides comprehensive age-appropriate education to youth by staff. The PREA session includes youth rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting sexual abuse or harassment. All youth at the facility has completed the PREA session, which include receiving the following materials:

- Student Handbook PREA information  
- What You Should Know About Sexual Abuse and Assault  
- Alabama Department of Youth Services Safety Guide  
- Power Point Presentation PREA Facts Every Juvenile Should Know  
- Break the Silence Poster  
- End the Silence Poster  
- Expect Respect Poster  
- Sexual Assault Is An Act of Violence

WOW Procedure 17.1 states” The program will make arrangements to ensure that students who are limited English proficient, deaf, have deficits in comprehension, or otherwise disable will receive all program orientation materials in a method commensurate to their skills and abilities. Completion of orientation is documented using the Orientation and PREA Student Acknowledgement pages, which is signed and dated by the juvenile and staff.

**Interviews:**

Seven (7) of the seven (7) interviewed youth stated that during the admissions process, usually within a couple of hours, they received PREA related information orally, in writing and through video. Youth stated staff told them of their rights to be free of sexual assault and harassment and how to report it if it occurred. They also stated they knew they had a right not to be punished for reporting. Youth stated intake staff gave them written materials to read but they also explained the contents and asked the youth if they had any questions about anything the covered.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)
( ) Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW has two (2) primary investigators and two (2) back-up investigators. The four investigators have completed all or a combination of the following training and provide certificates.

- NIC Training on Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections)
- Your Role: Responding to Sexual Abuse (National Institute of Corrections)
- Investigating Sexual Misconduct: Training for Investigators (PREA Resource Center and the Moss Group, Inc.)
- Investigative and Forensic Interviews of Children (Alabama Children’s Justice Task Force)
- Building/Destroying a Sexual Assault Case (ACASV Law Enforcement Training)

The WOW PREA investigator (s) is responsible for investigating all allegations of sexual abuse (assault, sexual harassment, or any sexual conduct that is alleged following a uniform evidence protocol that maximizes the potential for obtaining unable physical evidence for administrative proceedings and criminal prosecutions. When is appears that allegations are supported by evidence of criminal behavior, the investigator (s) ensures that the allegations are referred for investigation to law enforcement. All referrals are documented.

When outside agencies investigate sexual abuse, WOW cooperates with the outside investigator and endeavors to remain informed about the progress of the on-going investigations.

Interviews:

The investigator stated, in an interview, that she had been trained to conduct sexual abuse and sexual harassment investigations in confinement settings. She stated that she conducts administrative investigations and law enforcement conducts criminal investigations. She elaborated on specific areas that she received training in. These areas included: conducting a proper investigation, Miranda and Garrity Warnings, collection of evidence and the standard for substantiating an allegation. The facility investigator was very impressive with her knowledge and understanding of the investigative process.

115.335 – Specialized training: Medical and mental health care.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)
WOW Procedure 13.8.1 requires all medical and mental health to receive training. The Medical and/or Mental Health Care staff have completed all or a combination of the following training and provided certificates.

- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting (National Institute of Corrections)
- PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting (National Institute of Corrections)
- PREA: Your Role Responding to Sexual Abuse (National Institute of Corrections)
- PREA: Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections)

WOW does not conduct Forensic exams.

Interviews:

The registered nurse on duty related that she is not trained to do forensic examinations and does not do them. She stated that she had received specialized training through the University of Alabama on line and that the training was related to sexual abuse and sexual harassment. Additionally she reported she had completed the NIC or PREA Resource Center on line course for medical staff with emphasis on procedures for collecting evidence and she indicated she had received the facility PREA training. An interviewed mental health staff indicated she has had on line PREA training through the PREA Resource Center and has been trained by the program’s PREA Manager/Coordinator. She described training she had received in how to detect signs of possible sexual abuse and harassment, such as isolating oneself from her peers, instability, mood swings etc. After receiving an allegation of sexual abuse she stated she would be a first responder and her first responsibility would be to protect the alleged victim and then protect the area to keep other youth or staff from contaminating the alleged crime area.

115.341 – Obtaining information from residents.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1 requires all intakes will be screened within 24 hours for vulnerability and victimization. All youth are screened within 24 hours of admission to the WOW program for risk of sexual victimization or sexual abusiveness toward other youth utilizing the WOW Aggressive Behavior & Victimization Intake Screening Form. The information obtained along with information gathered from court documents and files review influences the level of monitoring and room assignments for youths.

Youth identified as high risk for vulnerabilities or sexually aggressive or assaultive behavior is reviewed by program administration. Necessary precautions and restrictions are determined by the Program Director and Clinical Director. According to WOW procedures, if the screening indicates that a youth has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse, whether it occurred in an institutional setting or in the community, the assigned therapist will have a follow-up meeting with the resident within 7 days of the
intake screening. Consultation with other medical and mental health practitioners are determined the Clinical Director.

Limits to consent are discussed with all youth at intake and youth sign a form acknowledging understanding of consent requirements. Program staff are mandated reporters unless abuse occurred at 18 years or older. For youth 18 years or older, WOW medical and mental health practitioners obtain informed consent from youth before reporting information about prior Sexual Victimization that did not occur in an institutional setting.

**Interviews:**

A mental health staff conducts screening for victimization. An interview with a mental health staff revealed that youth are screened, in the majority of cases, the same day and always within 24 hours of admission. She also indicated that reassessment is an ongoing process via a daily log of behaviors and treatment team reviews every two weeks and updated as needed. Seven (7) of Seven (7) interviewed girls, representing all of the population with the exception of one girl who was in segregation as a result of striking a staff and who was too hostile to be interviewed, stated they were screened on admission by a mental health therapist. All of the girls stated they were asked all of the questions required in standard 115.333. One young lady disclosed to the auditor that she had not told staff but she was bi-sexual. All seven of the interviewed girls stated they felt safe in this facility. One youth reported that she was reassessed two weeks ago by her therapist.

The mental health therapist related that in conducting the screening for victimization she reviews the youth’s past history, case file notes and narratives, past victimization, first occurrence of victimization, physical history, documented assaultive behavior and triggers. The PREA Compliance Manager stated information about youth is retained in the case file which held under lock and key and available only to clinical staff. The therapist related that information, such as triggers, is disseminated to staff on a need to know basis in order to ensure the youth is protected. Staff are made aware of risk behaviors, aggressiveness and triggers.

**115.342 – Placement of residents in housing, bed, program, education, and work assignments.**

**Overall Determination:**

( ) Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

( ) Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1 describes how youth will be screened within 24 hours of intake for vulnerability and victimization. Information obtained from the intake screening and subsequent testing and interviews, are used to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual harassment.

Lesbian, gay, bisexual, transgender, or intersex youth are not assigned housing or programs solely on the basis of their identification or status, and WOW will not consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. Assignment decisions for transgender and intersex youth are made on case-by-case basis. This decision may be based on consultation with WOW administration as an identified placement option.
A Transgender or intersex youth’s own views with respect to her own safety will be given serious consideration in determining safety issues. In keeping with PREA, the WOW program protocol and practice regarding individual shower time is that transgender and intersex youth will shower separately from other youth, as all youth in the program shower separately.

WOW Procedure 13.8.1, page 13, VI., B During any period of isolation, the program does not deny youth daily large-muscle exercise and any legally required educational programming or special education services. Youth in isolation receive daily visits from a medical or mental health care clinician. The youth also have access to other programs and work opportunities to the extent possible. Documentation of programming is maintained utilizing the WOW Seclusion Restraint Form. Youth held in isolation because of being at risk of Sexual Victimization, are afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

Interviews:

Interviews with line staff, professional, and administrative staff indicated that youth at risk of victimization would not be placed in segregation unless there were no other means to protect them, such as change of living unit. Youth would be released as soon as the threat is eliminated. There are two housing units, one secured behind locks and rooms secured by locks; the other unit locked to prevent escape but the doors of the rooms may remain unlocked. Staff and youth stated if a youth is in the safe cell/isolation cell medical and mental health staff visits them daily. One youth identified as lesbian and one youth identified as bisexual stated they were never placed in a particular housing unit because of their identity nor did they feel they were treated differently with regard to program assignments and other facility activities. All 13 interviewed staff stated that youth are not placed in particular housing as a result of their identity. Interviewed professional staff stated assignments for transgender or intersex residents are made on a case by case basis and the youth’s views regarding her safety would be seriously considered.

115.351 – Resident reporting.

Overall Determination:

☑️ Exceeds Standard (substantially exceeds requirements of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☒ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1 requires all staff to report any and all allegations of abuse whether verbally or anonymously. Youth at WOW have several means to report abuse including grievances, DYS Hotline, or directly to staff. Staff may use the DYS Hotline as well to report privately any sexual abuse.

WOW has ordered the Consular Notification and Access Manual from the US Department of State Publication, Office of Policy Coordination and Public Affairs as the program resource information for staff.

Youth who are victims of Sexual Abuse or Sexual Harassment, who have faced retaliation by staff or peers for reporting Sexual Abuse or Sexual Harassment; or who want to report staff neglect or violation of responsibilities
that may have contributed to such incidents, have the option to report the incident to any staff member, including contract providers and volunteers, or to the DYS Sexual Assault Hotline.

Youth may also report Sexual Abuse or Sexual Harassment or retaliation to a public or private entity, such as ADAP, JPO, DHR, or other entity that is not employed by the WOW program. This report can be submitted directly to a WOW administrator or PREA Compliance Manager. Youth may make a report to the DYS Advocacy Representative using the DYS Form 1.28 Juvenile Grievance Form, or make a verbal report directly to the representative. Youth, staff, or third parties may report allegations via the DYS Sexual Assault Hotline at 1-855-332-1594. The Hotline may be accessed twenty-four (24) hours a day.

A third party reporting form to report allegations of sexual misconduct is available on the Youth Services Institute (YSI) webpage, which is accessible through the UA School of Social Work website. Staff are required to accept and document all reports of Sexual Abuse or Sexual Harassment made verbally, in writing, anonymously, or from third parties using a WOW incident report.

WOW Procedure 13.8.1 requires reports by staff shall be documented immediately, within the shift of duty in which the report is received. Staff may use the DYS Sexual Assault Hotline to report privately or they may report up their chain of command, to the WOW PREA Compliance Manager, WOW PREA investigators, or DYS PREA Coordinator.

**Interviews:**

All seven (7) interviewed youth stated they had multiple ways to report, both internally and externally. Internal reporting, they said, could be done through talking to trusted staff (including the nurse, therapist, the Director, etc.), filing a grievance (all reported they had confidence in the grievance process and that all grievances are taken seriously and are responded to) and placing a letter under the Director’s door. Externally they suggested they had access to report in the following ways: hotline, DYS Advocate who comes weekly, Juvenile Probation Officer, Parents, Lawyer and one said she would send a letter to the Board. All but one of the interviewed youth was able to articulate how they could report anonymously. Ten (10) of ten (10) interviewed staff were able to enumerate multiple ways youth could report allegations both internally and externally. When asked about whether or not staff would listen to a youth calling the hotline, several staff stated staff would probably have to place the call and be in the vicinity to observe the youth while making the call. Interviews with professional staff and line staff indicated they all would accept third party and anonymous reports. All interviewed staff stated they could access the hotline to report allegations privately. Several others elaborated stating they could report privately to ADAP, Child Advocacy Centers or by notifying Child Protective Services.

115.352 – Exhaustion of administrative remedies.

**Overall Determination:**

( ) Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

( ) Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**
WOW Procedure 1.28, Youth Grievance Procedure allows for a youth to file grievances on all staff misconduct. There are two sets of grievance boxes. WOW policy requires youth grievances to be picked up daily, and Department of Youth Services grievances are picked up every two weeks by the DYS Advocacy Representative. The WOW administration does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. Youth are not required to use any informal grievance process, or otherwise attempt to resolve with staff or peers, an alleged incident of sexual abuse or sexual harassment.

WOW administration ensures that youth who allege sexual abuse or harassment submit a grievance without submitting it to the staff member who is the subject of the complaint, and such grievance is not referred to the staff member who is the subject of the complaint nor discussed with another youth who may be the subject of the complaint.

A final decision on the merits of any portion of a grievance alleging sexual abuse or harassment are made by the WOW PREA Response Team within 30 days of the initial filing of the grievance.

Third parties grievances, including those submitted by fellow youth, staff members, family members, JPOs, attorneys, and outside advocates, are permitted to assist students in filing grievances relating to allegations of sexual abuse or sexual harassment. The program uses a “PREA Third Party Reporting Form” for alleged Sexual Abuse, sexual Assault and Sexual Harassment.

The program does not discipline a youth for filing a grievance alleging sexual abuse or sexual harassment unless the facility demonstrate that the youth filed the grievance in bad faith.

**Interviews:**

There were no youth in the facility who reported that they had been sexually abused or sexually harassed in the facility.

**115.353 – Resident access to outside support services and legal representation.**

**Overall Determination:**

- **X** Exceeds Standard (*substantially exceeds requirements of standard*)
- ( ) Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ( ) Does Not Meet Standard (*requires corrective action*)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The program provides youth with access to outside Victim Advocates for emotional support services related to sexual abuse through The Children’s Hospital of Alabama d/b/a CHIPS Center. During the program tour, the following posters with mailing addresses and telephone numbers, including toll free hotline numbers where available.

- Sexual Assault Hotline 1-855-332-1594
- Alabama Department of Youth Services 1-855-332-194
There are several communications with Women’s Resource Center requesting victims’ advocate support however one of the e-mails dated 11/26/2012 at 3:08pm from Kathy Echols at WRC stated they would not be able to provide such services.

Youth detained solely for civil immigration purposes are afforded the same opportunity to contact outside services, including immigrant services agencies. WOW has the Consular Notification and Access Manual from the US Department of State Publication, Office of Policy Coordination and Public Affairs as the program resource information for youth who may want to contact their Consular.

WOW provided the following additional outside resources available to youth.

- Two academic professors/researchers from the University of Alabama School of Social Work who provide weekly trauma group therapy based on an evidence-based curriculum;
- A professor from University of Alabama Psychiatry and Behavioral Medicine Department who provides weekly individual meetings with youth for medication management and participates in the weekly program medical meetings to provide consultation and insight regarding programmatic activities;
- A YSI staff member/investigator who conducts weekly DBT group sessions to address various therapeutic issues;
- A COC staff member who is available for the individual treatment of youth with sexual behavior problems; and
- Substance abuse counseling services available for youth who present with drug and/or alcohol related issues.

The auditor recommends that the facility conduct additional sessions with youth to ensure that they clearly understand the type of outside services provided.

The agency provides youth with confidential access to their attorneys and/or legal representation and access to parents and legal guardians.

**Interviews:**

Four (4) of Seven (7) interviewed youth stated they were not aware of services outside the facility dealing with sexual abuse if they ever needed it. Three (3) of seven (7) youth stated that these resources would provide counseling. Youth stated they remembered seeing the addresses and phone numbers for these services but they were not sure what they were. Youth stated they did believe staff would give them access to the services via phone if they requested it. Four (4) of the interviewed youth stated they did not know if conversations with these agencies would be confidential. 100% of youth and staff interviewed stated youth would be provided unimpeded access to their attorneys if they had one. Youth related they could write, call or see the lawyer if he/she visited the program.

**115.354 – Third-party reporting**

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*
**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1 VIII, Reporting an Allegation of Sexual Abuse gives youth the right to use third party reporting. A Third Party Reporting Form and the WOW-YSI Web Page indicate that the youth has the right to use a third party to report sexual abuse/harassment.

Youth who are victims of Sexual Abuse or Sexual Harassment, who have faced retaliation by staff or peers for reporting Sexual Abuse or Sexual Harassment; or who want to report staff neglect or violation of responsibilities that may have contributed to such incidents, have the option to report the incident to any staff member, in addition to immediate point-of-contact line staff members, or to the DYS PREA Sexual Assault Hotline. WOW Procedure 13.8.1, indicates a third party reporting form to report allegations of sexual misconduct is available on the Youth Services Institute (YSI) webpage, which is accessible through the UA School of Social Work website.

The Youth Handbook and Youth Brochure outline for residents how to report abuse. The PREA policy states that third parties include fellow residents, staff members, family members, attorneys, and outside advocates and that they may assist youth in obtaining administrative remedies relating to allegations of sexual abuse. The agency documents all decision when a youth declines to have third-party assistance in reporting sexual abuse or sexual harassment.

**115.361 – Staff and agency reporting duties.**

**Overall Determination:**

( ) Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

( ) Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1, page 16, X and University of Alabama Reporting Abuse Policy, Staff Handbook, and the PREA Training Curriculum addresses staff responsibility in reporting any and all sexual abuse/harassment to include suspicions.

The program requires all staff, volunteers, and contractors to report immediately any knowledge, suspicion, or information they receive regarding incident of sexual abuse or sexual harassment that occurred in the program, whether it is retaliation against youth or staff who reported the abuse. The program complies with applicable mandatory child abuse reporting laws by reporting immediately to the Department of Human Resources and Department of Youth Services.

All critical incidents are reported using DYS Form 8.12 Critical Incident Report as outlined in DYS Policy 8.12; and if indicated, the child abuse reporting procedure are followed. Apart from reporting to designated supervisors, special investigators, law enforcement and designated state agencies, staff is prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in WOW procedure, to make treatment, investigation, and other security and management decisions.
Interviews:

100% of the 13 interviewed staff stated they were mandated reporters and interviews with them indicated they are also very much aware of their responsibilities to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility and that they take their responsibilities seriously regardless of how they are made aware of the alleged incident. Interviewed staff understand the requirements for confidentiality and stated they only provide information necessary to take care of the youth and to cooperate with investigations. Interviews with the Agency Director, Program Director and PREA Compliance Manager indicated they would ensure all allegations are promptly reported to appropriate agencies.

115.362 – Agency protection duties.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, page 12 V requires staff to take immediate action to protect a youth that might be in imminent danger of being sexually abused. When a staff learns that a youth is subject to a substantial risk of imminent sexual assault, immediate action is taken to protect youth. The staff member will report this information by following the chain of command. Staff is prohibited from revealing any information related to a sexual misconduct to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Interviews:

The Agency Director, Program Director and PREA Compliance Manager described immediate and follow-up actions they would take to protect residents who are subject to substantial or imminent sexual abuse, including separating the victim from the alleged perpetrator, putting barriers between them, including placing them in separate pods, providing support to the alleged or potential victim, increase monitoring and if the allegations involved a staff, the staff would be placed on administrative leave while the allegations are being investigated. The PREA Compliance Manager related that the facility investigator and supervisor for youth care staff is the program’s retaliation monitor. Staff would also be alerted to be vigilant to any signs of retaliation. An interview with the designated Retaliation Monitor indicated that in addition to the actions already described, she would provide the youth with an advocate if the youth wanted one. She stated that as Retaliation Monitor she reviews reports on youth to see if particular staff are writing the youth up, observes youth behaviors and interviews youth and staff. She stated staff would be informed via a system of observations and the youth’s case would be discussed at treatment team meetings. She stated potential retaliation would be monitored daily by staff and for the duration of the youth’s stay in the program. Interviewed line staff consistently stated they would take all reports or indications, both direct and indirect, of possible retaliation or substantial or imminent risks for sexual abuse, very seriously and would take immediate action to separate youth and protect them. A number of staff reported they would let that youth stay with them/shadow throughout the day/night if necessary.
115.363 – Reporting to other confinement facilities.

Overall Determination:

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure requires that all allegations of abuse from other facilities are reported by the Director/Administrator to the other administrator and to the appropriate investigative agency. The WOW Program Director or PREA Compliance Manager will notify the administrator of the facility where the alleged abuse occurred. If the facility administrator receives such notification, the appropriate investigative agency is contacted.

**Interviews:**

An interview with the Program Director indicated that if they receive an allegation that a youth was sexually abused at another facility, she would notify the director of that facility and ensure that the appropriate investigative agency is notified.

115.364 – Staff first responder duties.

Overall Determination:

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1., p.17-18, XII outlines first responder duties. Policy requires staff response to an allegation of abuse and how the victim/perpetrator will be managed. As first responders, staff has been trained to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

If the abuse occurred within 72 hours that still allows for the collection of physical evidence.

WOW also provided a “First Responder Checklist for Sexual Assault Allegations”.

**Interviews:**

Interviews were conducted with thirteen (13) staff, security and non-security who might be required to be first responders. All of the interviewed staff consistently reported that they would, upon receiving an allegation of sexual abuse, take immediate action to separate the victim from the alleged perpetrator, notify supervisors, secure the area (as a crime scene), and preserve potential evidence. Ten interviewed line staff rarely mentioned sending the victim to medical for an initial evaluation of his/her medical condition. Staff also did not elaborate
on examples of specific actions they would take to preserve and protect the evidence without prompting. However with some prompting staff recalled how they would accomplish this and were able to name more actions. Responses to actions they would take as first responders ranged from “separate the victim and perpetrator”, “report it”, and “secure the evidence” to responses such as “separate the victim from the perpetrator, report, calm and reassure the alleged victim, secure the scene, preserve the evidence, notify the director and take notes.” Non-Security First Responders were articulate and specific about actions they would take and these exceeded the standard requirements of requesting the youth not take any actions that could destroy physical evidence and notify security staff.

### 115.365 – Coordinated response.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)*

WOW Procedure describes what any staff response will be once the allegation is received. WOW created two flowcharts outlining each areas responsibility in the reporting sexual abuse/harassment. One flowchart is the “Process for Investigating Sexual Assault Allegations (Reported within 72 Hours of Alleged Incident), and the second is the “PREA Administrative Investigative Protocol”.

### 115.366 – Preservation of ability to protect residents from contact with abusers.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)*

WOW is not involved in “collective bargaining” with union employees.

**Interviews:**

Interviews with the Agency Director and Program Director indicated the program is not involved in collective bargaining.

### 115.367 – Agency protection against retaliation.

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

**X** Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*
Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, p.20-21, XV, details the expectations of how the administration will not tolerate any form of retaliation against youth and/or staff for participating in an investigation and/or reporting a case of sexual abuse.

WOW staff and Youth are prohibited from retaliating against other staff or juveniles for reporting allegations of Sexual Abuse or Sexual Harassment. Staff and/or youth who are found to have violated this prohibition are subject to disciplinary action. For at least 90 days following a report of Sexual Abuse, the program Care Manager monitor the conduct or treatment of youth and staff who reported the Sexual Abuse and youth who were reported to have suffered Sexual Abuse to see if there are changes that may suggest possible retaliation by other youth or staff. Monitoring and any concerns are discussed with the PREA Response Team.

Measures such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations are implemented in instances of retaliation.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team makes recommendations and ensures program administration takes appropriate measures to protect that individual against retaliation.

WOW provided a “PREA Investigation Outcome/Review/Monitoring Form”.

Interviews:

The Agency Director related that the program staff would employ a variety of measures to protect residents who fear retaliation. Examples would include: separating the victim from the alleged perpetrator, including placing the alleged perpetrator in another program if necessary. If the alleged perpetrator was a staff, the staff would be reassigned or placed on administrative leave. Additionally the facility would utilize all available resources to monitor possible retaliation and to respond to it if it occurred. The staff responsible for monitoring retaliation is the youth care staff supervisor/program investigator who stated that upon becoming aware of potential retaliation she would make sure the youth was separated from the youth or staff retaliating, ensure the staff is not working on the unit, change housing and provide the youth with an advocate if she wanted one. When the potential for retaliation is discovered, she indicated there is a system for observation of youth and this would be activated for the fearful youth and monitoring would be at an increased level. In this system line staff and others are made aware of the youth’s risk for potential retaliation. She also stated the situation and the youth would be monitored throughout the youth’s stay and retaliation would also be monitored and discussed by the treatment team. Monitoring for retaliation would be continued throughout the youth’s stay at the program.

115.368 – Post-allegation protective custody.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)
Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, p. 13, B allows segregation for reasons of safety and protection. Youth at risk of sexual victimization, or those youth alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe. This step is used only until an alternative means of keeping all youth safety can be arranged. Whenever a youth is held in isolation for protective reasons, documentation regarding concerns for the youth’s safety as well as the reason why alternative means of separation cannot be arranged is placed in the youth’s file.

115.371 – Criminal and administrative agency investigations

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, p. 18 – 19, XIII explains how criminal and administrative investigations will be conducted. WOW handles the administrative investigations and WOW calls local law enforcement (Tuscaloosa County Sheriff’s Department) to handle criminal cases.

The WOW PREA investigator(s) is responsible for investigating all allegations of sexual abuse (assault, sexual harassment, or any sexual conduct that is alleged following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. WOW investigators will not terminate an investigation solely because the source of the allegation recants the allegations.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as juvenile or staff. Administrative investigations include an effort to determine whether staff action or failures to act contributed to the abuse.

When it appears that allegations are supported by evidence of criminal behavior, the investigator(s) ensures that the allegations are referred for investigation to law enforcement. All referrals are documented. When outside agencies investigate sexual abuse, WOW cooperates with the outside investigator and endeavors to remain informed about the progress of the on-going investigations.

Interviews:

The facility has an in-house investigator who has responsibility for conducting administrative investigations. The investigator, in an interview, stated she has received training in proper investigative techniques. She stated her training was through NIC and included first response and investigation, Miranda and Garrity Warnings, collection of evidence, securing the scene and involving law enforcement when the action is criminal. She stated that upon receiving a report of an allegation of sexual abuse the youth would be separated from the alleged perpetrator, local law enforcement contacted if the allegations constituted criminal activity, the scene would be secured, evidence protected and law enforcement would direct activities from that point. If the allegations were
administrative in nature, she would examine the “who, what, when and where”, review video/audio to guide interviews. She related that if the victim recanted, or if an employee under investigation terminates his/her employment the investigation would continue until completed and a determination made. Alleged victims are not polygraphed or placed on any other truth telling device.

115.372 – Evidentiary standards for administrative investigations

**Overall Determination:**

- ( ) Exceeds Standard *(substantially exceeds requirements of standard)*
- X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1, p.20, XIII establishes the evidentiary standard for investigations and that is to impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated.

**Interviews:**

During an interview with the facility investigator, she stated that the standard she uses to support and determine whether or not the allegations are substantiated is a preponderance of the evidence.

115.373 – Reporting to residents.

**Overall Determination:**

- ( ) Exceeds Standard *(substantially exceeds requirements of standard)*
- X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW Procedure 13.8.1, p. 20, XIV. A. Following an investigation into a Juvenile’s allegation of Sexual Abuse by a staff member, the investigator/designee informs the youth verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Including whether the staff is no longer assigned within the juvenile’s living unit; no longer employed in the facility; has been indicted or convicted on a charge of sexual abuse within the facility.

WOW requires the staff giving the required information to youth is documented on the "Investigative Outcome Form" to verify that the youth were informed.

**Interviews:**

Interviews with the investigator and program director indicated that youth would be advised of the results of the investigation verbally and in writing.
115.376 – Disciplinary sanctions for staff.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

University of Alabama Child Protection Policy, Alabama Department of Youth Services and WOW Procedure outlines what disciplinary actions will be taken if staff engages in any sexual misconduct with the youth. In accordance with WOW Procedure, staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies. Termination shall be the presumptive disciplinary sanction for staff who has engaged in Sexual Abuse.

Disciplinary sanctions for sexual misconduct shall be commensurate with the nature and circumstances of the act committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of Agency Sexual Abuse or Sexual Harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Volunteer Packet and WOW Procedure 13.8.1, p. 26, XXII is clear that volunteers and contractors must not engage in any type of sexual relationship with youth at WOW. The procedure includes language stating that, any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with Juveniles and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with Juveniles.

Volunteers and contractors are terminated for not keeping confidential information regarding the youth and for failure to report any allegations of physical or sexual abuse. The program will report to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
Interview

Interviews with staff indicated that any volunteer or contractor who violates any policy related to sexual abuse or sexual harassment will be prohibited further contact with residents.

### 115.378 - Disciplinary sanctions for residents

#### Overall Determination:

- [] Exceeds Standard (*substantially exceeds requirements of standard*)
- X Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)
- [] Does Not Meet Standard (*requires corrective action*)

#### Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, p.24-25, XXI outlines that youth in the WOW program will be sanctioned if found to engage in any type of sexual misconduct however they will be allowed to participate in education, appropriate work programs, large muscle activities and all other programming to include counseling.

Youth may be subject to program disciplinary sanctions by the disciplinary committee only pursuant to a formal disciplinary process following an administrative finding and PREA Response Team recommendation that the youth engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for youth-on-youth sexual abuse.

The program disciplinary committee takes into consideration whether a youth’s mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. The offending youth will be offered therapeutic interventions and other activities designed to address and correct underlying reasons or motivations for the abuse.

#### Interviews:

Interviews with the mental health staff indicated that if a youth who commits sexual abuse or sexual harassment remains in the program they would be offered services and interventions to address the underlying reasons or motivations for abuse.

### 115.381 - Medical and mental health screenings; history of sexual abuse

#### Overall Determination:

- [] Exceeds Standard (*substantially exceeds requirements of standard*)
- X Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)
- [] Does Not Meet Standard (*requires corrective action*)

#### Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure 13.8.1, page 12, IV, D-F requires that a follow-up is conducted within 7 days if prior victimization is reported or detected during the Intake Screening. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an
institutional setting or in the community, the assigned therapist will have a follow-up meeting with the resident within 7 days of the intake screening. Consultation with other medical and mental health practitioners will be determined by the Clinical Director and Program Director.

Any information related to sexual abuse, sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed, education, and program assignments. For residents 18 years of age or older, medical and mental health practitioners obtain informed consent from the youth before reporting information about prior sexual victimization that did not occur in an institutional setting.

Interviews:

Four (4) of the seven (7) youth disclosed that they had been sexually victimized prior to coming into this facility. All of those youth stated that they had meetings with mental health within 24 hours of admission. Interviews with two (2) mental health staff indicated that youth are seen immediately because mental health conducts the risk of victimization screening usually on the day of admission. Informed consent would be obtained for all youth 18 years of age or older.

115.382 - Access to emergency medical and mental health services

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Youth at WOW receive timely 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff contact the supervisor, staff first responders take preliminary steps to protect the victim and evidence, and immediately notify the appropriate medical and mental health practitioners.

WOW Procedure requires medical staff to ensure that the hospital and/or the local Rape Crisis Center provider take a medical history in addition to conducting the forensic examination and documenting the extent of any physical injury. Necessary referrals for additional medical services are documented. Treatment services are provided to the victim without financial cost.

Interviews:

There were no youth who reported sexual abuse while at this facility. Interviews with thirteen (13) staff who might have to be first responders, including two mental health staff and the nurse, indicated that youth who might be sexually abused at the facility would immediately be separated from the alleged perpetrator and taken to medical for initial evaluation/first aid if the nurse was on site and if not immediately to the hospital. They also stated that information and services concerning contraception and sexually transmitted infection prophylaxis would be provided by the hospital.
115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Auditor Comments (including corrective actions needed if it does not meet standard)

The program offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse in any facility, follow-up services, treatment plans and when necessary, referrals for continued care following the youth transfer or release from the program.

When the youth returns to the program WOW nursing staff ensure that the youth victim and the aggressor receives follow-up testing to include, but not limited to gonorrhea, chlamydia, syphilis, hepatitis B and HIV. Medical follow-up reflect retesting five to six months after the initial tests and as determined by the contract physician.

Interviews:

Interviewed mental health staff related how treatment plans would be developed for victims of sexual abuse, both youth victimized at the facility and those who reported previous abuse outside the facility. The Clinical Supervisor has had extensive experience in working with both victims and abusers and was very knowledgeable of the services they would need. Treatment plans would include trauma groups as well as supportive counseling. Staff stated services are provided without cost to the victim. They also related they believed their services exceeded the community level of care. Based on interviews with the Clinical Director and a mental health staff it was evident that these staff are highly qualified and knowledgeable of how best to work with victims of sexual abuse.

115.386 – Sexual abuse incident reviews

Overall Determination:

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Auditor Comments (including corrective actions needed if it does not meet standard)

WOW Procedure outlines the sexual abuse review team, timeframes in which the review must be conducted and the make-up of the review team. The WOW PREA Response Team conducts the incident review 30 days at the conclusion of every sexual abuse investigation, including instances when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The team consisted of Program Administrator, Investigators, Clinical Staff, Care Staff Supervisor and Medical Staff. The team considers the following:
- Whether the allegation or investigation indicates a need to change procedures or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics within the program;
- Whether physical barriers in the area may enable abuse, staffing levels, etc.

Interviews:

Interviews with the PREA Compliance Manager, Clinical Director, Program Director and Agency Director indicated that the facility has an incident review team who meet at least monthly and consists of a cross section of staff including the PREA Compliance Manager, YSI Director, WOW Program Director, Investigator, Victim Advocate, Nurse Supervisor and the Retaliation Monitor. The team discusses any allegations that have been made, review investigation materials, attempts to assess what led to the incident and determine if and what corrective actions are needed, such as technology or facility modifications, training issues, staffing issues etcetera.

115.387 – Data collection

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
( ) Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The program collects accurate, uniform data for every allegation of Sexual Abuse at facilities under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions.

Upon request, the WOW program provides all program specific data from the previous calendar year to the Department of Youth Services and the Department of Justice no later than June 30 of each year on the U.S. Justice Department’s Survey of Sexual Violence, Form SSV-5.

Interviews:

Interviews with the Agency Director, WOW Program Director and PREA Compliance Manager revealed that although they have not had many incidents they are now collecting data and constantly reviewing and attempting to identify problem areas and how they can improve their prevention, detection and response policies and programs. They also indicated they do review what they have for the purpose of determining how they can improve. These interviews indicated to the auditor that this team is extremely proactive and that they are continuously monitoring their program and evaluating how they can do even better. It is very obvious this team takes sexual abuse and harassment very seriously.

115.388 – Data Review for Corrective Action

Overall Determination:

( ) Exceeds Standard (substantially exceeds requirements of standard)
Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DYS Annual Reports were completed comparing data from 2011 to 2012. There was a huge reduction in sexual abuse cases from 4 in 2011 to 0 in 2012. The contributing factor appears to be training and education has raised the consciousness of staff reporting and being cognizant of their behavior with the youth.

The program staff review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, practices, and training. All required components are considered. The program also redacts and the Director approved the report and it is scheduled to be released on the DYS website.

**115.389 – Data Storage, Publication, and Destruction**

**Overall Determination:**

( ) Exceeds Standard *(substantially exceeds requirements of standard)*

X Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*

( ) Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

WOW publicizes all required data as it relates to sexual abuse cases on the DYS website. All reports are maintained and stored as required per DYS Policy 13.8.1; page 28, XXVII D. The program removes all personally identifying information before making aggregated Sexual Abuse data publicly available.

All case records associated with claims of sexual abuse, including incident reports, investigative reports, Juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the record retention schedule or at least ten (10) years after the date of initial collection.

**Interviews:**

An interview with the PREA Compliance Manager revealed that data is secured in a locked cabinet in a locked room with access limited to those staff approved by the director.