

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: Augsut 18, 2017

Auditor Information			
Auditor name: Adam T. Barnett			
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Email: Adambarnett@djj.state.ga.us			
Telephone number: 705-550-7978			
Date of facility visit: July 25, 2017			
Facility Information			
Facility name: Alabama Dept. of Youth Services and Girls Intensive Education and Treatment Facility: Working on Womanhood (WOW)			
Facility physical address: 6001 12 th Ave. East, Suite B, Tuscaloosa, Alabama 35405			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 205-534-0357			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jill Beck			
Number of staff assigned to the facility in the last 12 months: 48			
Designed facility capacity: 16			
Current population of facility: 12			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 13 -18			
Name of PREA Compliance Manager: April Jones		Title: Grants Manager & PREA Coordinator	
Email address: jones100@sw.ua.edu		Telephone number: 205-534-0357	
Agency Information			
Name of agency: The Youth Services Institute			
Governing authority or parent agency: <i>(if applicable)</i> The University of Alabama			
Physical address: 1500 Greensboro Avenue, Suite 3, Tuscaloosa Alabama 35401			
Mailing address: <i>(if different from above)</i> same			
Telephone number: 205-348-6625			
Agency Chief Executive Officer			
Name: Jill Beck		Title: YSI Director	
Email address: jrbeck2@ua.edu		Telephone number: 205-348-2992	
Agency-Wide PREA Coordinator			
Name: April Jones		Title: Agency PREA Coordinator	
Email address: jones100@sw.ua.edu		Telephone number: 205-534-0357	

AUDIT FINDINGS

NARRATIVE

Methodology

The PREA audit of Working on Womanhood (WOW), a facility operated by the Youth Services Institute and contracted by the Alabama Department of Youth Services, was conducted on July 25, 2017. The facility posted the required PREA audit notice of the upcoming audit sixty days prior to the audit for resident's confidential communications. As of July 23, 2017, there were no communications from residents or staff. The Pre-Audit Questionnaire was completed by the facility and sent to the Auditor as required. The PREA Compliance Manager confirmed that all information on the Pre-Audit Questionnaire was accurate.

The audit process was a team approach. The Audit Team completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided via email and flash drive. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted and emails were exchanged with the facility. It is noted that some information within documents provided by the facility may appear in this report as submitted by the Facility PREA Compliance Manager.

The Audit Team consisted of Adam T. Barnett, Sr., Certified Juvenile and Adult PREA Auditor and Latera Davis (Associate). Mrs. Davis currently works as the Director of Victim and Volunteer Services for the Georgia Department of Juvenile Justice. She is a Licensed Clinical Social Worker, Certified Child Forensic Interviewer, Certified Victim Advocate, Certified Juvenile Sex Offender Counselor, and POST Instructor Trainer, as well as a Certified Peer Grant Reviewer for the Department of Justice Programs.

On Tuesday, July 25 2017 the Facility Program Manager and Director met the Auditor at 5:50AM to begin the on-site visit.

Welcomes were given by the Facility PREA Compliance Manager. The PREA Auditor was introduced and the PREA Audit Agenda was reviewed and released. Additional pre-audit information requested weeks prior to on-site visit was obtained. The Auditor began the facility tour and Latera Davis began interviewing Direct Care Staff from the third shift.

Site Tour

On the first day of the audit after meeting the Facility PREA Manager and the Program Director, the PREA Auditor toured the physical plant escorted by the Facility PREA Compliance Manager. The Auditor spoke informally with 6 staff and 3 residents during the tour which covered housing and common areas of the facility, day areas, classroom areas, shower and toilet areas. The Auditor noted video camera placement throughout the facility and reviewed the video monitoring setup in the control room areas. Notices of the PREA audit were posted throughout the facility as required by the Auditor and the National PREA Resources guidelines.

During the tour of the physical plant, the Auditor observed the location of cameras, staff supervision of residents, living units. The sleeping rooms, toilets and shower were in community areas, placement of posters and PREA informational resources, security monitoring, resident's movement procedures, and resident's interaction with staff.

The Auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

Physical Plant

The WOW program is licensed to serve 16 girls; 8 girls per pod (living area), each with their individual room adjacent to a day area. New students are assigned to a room with a toilet and sink in the room; this pod also has two community toilets and showers available for student use. The residential pods open up to a multipurpose room with tables for activities or dining and an area with couches and chairs for groups or television viewing.

Two WOW program has two classrooms used during the school day for educational purposes. These classrooms may be used outside of the school day for groups, visitation, meetings, or other activities. Each classroom has a promethean board and desktop computer. Students are each assigned a laptop computer. A library is located off one of the classrooms.

Medical care is provided to student through the on-site medical clinic. Meals form the Tuscaloosa County Detention Center is prepared for serving in the kitchen. Snacks are stored in the kitchen and student refrigerator. Laundry is washed in and dried in the laundry room.

A yard and basketball court provides opportunities for outdoor physical activity. The Tuscaloosa County Detention Center allows the WOW program to use their gym on a regular and scheduled basis.

Sampling Interviews and Staff Contact

The audit work plan was discussed, random samples of residents and staff were selected, and specialized staff was identified. Agency and facility staff selected for interviews included:

- Program Director
- Facility PREA Compliance Manager
- Higher Level Facility Staff (PREA Unannounced Rounds)
- Lead Medical Staff
- Lead Mental Health Staff
- Human Resources Administrator
- Volunteer
- Investigator (Department of Human Resources)
- Staff who Conduct PREA Screenings
- Staff who Supervise Inmate Segregated Housing
- Incident Review Member
- Staff Monitoring Retaliation
- First Responder (Non-Security Staff)
- First Responder (Security)
- Intake Staff
- Random Direct Care Staff 1st Shift = 4
- Random Direct Care 2nd Shift = 4
- Random Direct Care 3rd Shift = 3
- Random Staff Met/PREA During Facility Tour = 6

Thirty (30) staff members were formally interviewed, some staff was interviewed twice or more using the Department of Justice audit questions that are included in the overall staff count; the Auditor interacted with six (6) staff members during the facility tour.

Sampling Interviews and Residents Contact

For random resident interviews, the PREA Compliance Manager provided the Auditor with lists of residents organized by housing unit. The Auditor randomly identified residents according to each housing unit and the staff arranged for those residents to be available for the required interviews.

- Random Resident Interviews= 12
- Disabled – 1
- Limited English Proficient Inmates (use facility interpreter) - 0
- Transgender - 0
- Intersex Inmates - 0
- Inmates in Segregated Housing - 0
- Inmates who Reported Sexual Abuse - 1
- Inmates who Disclosed Prior Sexual Victimization - 1

- Gay or Bi-Sexual – 0
- Lesbian or Bi-Sexual - 0
- Random Residents Met/PREA During Facility Tour = 3

On July 25, 2017 the resident census reported the population count was 12 and the total bed capacity is 16. The age range of the population is 13 to 18. Twelve (12) residents were formally interviewed by the Associate. The Auditor interacted with three (3) residents during the facility tour.

The interviewed residents and staff indicated that the Working on Womanhood (WOW) facility is a safe place.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Working on Womanhood (WOW) Mission Statement:

“To support the mission of the Alabama Department of Youth Services (DYS) by facilitating the holistic development of female juvenile offenders through mechanisms that reduce at-risk behaviors, values the female perspective, and recognizes the social context that encompasses the developmental needs of female offenders. The WOW program provides a continuum of care that responds to female delinquency in ways that nurture healthy relationships among students, staff, and the community.”

Facility Background

The Working on Womanhood (WOW) is a 16 bed residential facility for females located at 6001 12th Avenue, Suite B, Tuscaloosa, AL 35405. The WOW program provides for the unique needs of adolescent females who experience problems related to delinquency and mental illness, including those with a history of emotional trauma. As a partnership between the University of Alabama School of Social Work (UASSW) Youth Services Institute (YSI) and the Alabama Department of Youth Services (DYS), the WOW Program is housed at the Girls Intensive Education and Treatment Facility in Tuscaloosa, Alabama.

Security Supervision

The WOW program maintains a ratio of 1 staff member to 4 students (1:4) during waking hours and during sleep hours 1:8.

Facility Demographics

- The facility's rated capacity = 16
- Actual population on the first day of the onsite audit = 12
- Number of Females Housed = 12
- Number of males Housed = 0
- Custody/Security Level in the facility = Medium
- General Medical Services = On-site
- Mental Health Services = On-site
- Investigation = Off-Site (May be conducted by DYS, DHR or Local Law Enforcement)

Programming

The Working on Womanhood program supports the mission of the Alabama Department of Youth Services through facilitating holistic development of female juvenile offenders through mechanisms that reduce at-risk behaviors, including those resulting from emotional trauma survivorship, valuing the female perspective, and recognizing the social context that encompasses the developmental needs of female offenders.

The program provides a continuum of care that responds to female's delinquency in ways that nurture healthy relationships among student, staff, and the community, and encourages girls to participate actively as members of the therapeutic community.

The goal of the program is to provide innovative, responsive treatment services for females involved with the juvenile justice system to aid in their growth, recovery, and re-entry into their home community.

Educational services in compliance with Federal and Alabama state laws and regulations. Students in grades 9 – 12 are enrolled in ACCESS classes. ACCESS Distance Learning (Alabama Connecting Classrooms, Educators, and Students Statewide), and education initiative of Alabama's State Department of Education (ALSDE), meets the needs of WOW students by providing access to a wide range of courses that meet ALSDE guidelines and regulations.

Students enrolled in middle school follow a curriculum designed by the teacher meeting the ALSDE requirements. Two full-

time teaches, one with a master's degree in special education, facilitate ACCESS courses for WOW students.

The facility provides summer enrichment activities, such as art class or music, are offered. After school, students participate in group activities, chore time (i.e., cleaning their rooms or the living area), quiet time (Journaling, drawing, coloring, listening to music on an MP3 player), dinner, outdoor time (weather permitting), phone calls, dance class or other physical activity, showers, and bed time.

During weekend hours, students participate in Health and Beauty (i.e., make-up and nails), cooking activities, art projects, visitation with family and family therapy sessions, phone calls, and physical activities.

SUMMARY OF AUDIT FINDINGS

The Auditor conducted an exit conference with the agency and facility officials on Monday, May 31, 2017. Agency officials, facility officials, and staff were very open and receptive to an honest discussion regarding areas where PREA compliance needs to be strengthened.

- Program Director
- Facility PREA Compliance Manager
- Lead Auditor
- Associate

The standards are rated as exceed, met, not met, or not applicable. Most standards have between 1 – 15 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The Auditor used the Department of Justice Final Rule Prisons and Jail PREA Standards published in May 17, 2012. Forty-one (41) Juvenile Standards were audited.

The Program Director and the Facility PREA Compliance Manager were very knowledgeable about the PREA requirements and the implementation of processes and systems.

Specific detail about deficiencies and corrective actions regarding these findings appears in the standard-by-standard discussions in the main body of the report. If the facility completes all concerns within the 45 days before the Auditor released the primary report, then the report will be reviewed as the final report.

Number of standards exceeded: 7

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard ensure that sexual safety of facility youth and staff through a comprehensive agency wide approach to prevention, detection, and response to sexual abuse and sexual harassment in all facilities operated by the agency. It ensures a zero-tolerance philosophy and culture permeates the entire organization from the highest levels of organization management through the front-line staff in each facility.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Organizational Chart
- Youth Services Institute Organizational Chart
- WOW Facility Organizational Chart
- Memorandum: Appointing Facility PREA Compliance Manager
- Interviews:
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA) mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlined the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agency policy outline is found in section 1 page 1. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.
- (b) Alabama Department of Youth Services (DYS) establish a full time position for an agency wide PREA Coordinator. Agency designates an upper level PREA Coordinator for the company who has sufficient time and authority to develop, implement and oversee all efforts to comply with the PREA Standards in all of its facilities. The agency operates more than one facility; each of facility is required to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards.
- (c) The Working on Womanhood program has a designated PREA Compliance Manager. An interview indicated that she has a great deal of experience and sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards.

This standard is rated “exceeds” because of the Alabama Department of Youth Services and the facility’s commitment to zero tolerance as evidenced in Working On Women Program Policy, The Youth Services Institute by appointing a higher level official who have an exceptional knowledge of PREA to serve as PREA Compliance Manager and is a Department of Justice Juvenile PREA Auditor, through the appointment of an alternate facility PREA Compliance Manager and through multiple interviews with staff, residents, contractors and volunteers indicating staff, volunteers and contractors are trained annually in the Zero Tolerance Policy and that residents have received this information multiple times through multiple means.

Overall Interview Results:

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

- This standard is rated “exceeds” because the WOW program falls under the umbrella of two state agencies, as a contract program for the Alabama Department of Youth Services (DYS) and as a program operated through The University of Alabama School of Social Work. As such, the program adheres to the policies of both entities and has developed program policies, procedures, and practices that enforce the overarching zero tolerance policy prohibiting sexual misconduct of any kind within the program. Also, the program has established the PREA Regulatory Guidelines which outlines the program response to comply with each PREA standard.

The individual fulfilling the role as the WOW PREA Coordinator also serves at the WOW PREA Compliance Manager. This individual dedicates a significant amount of time to ensuring the program complies with PREA standards and identifies areas where PREA related services can be improved. Additionally, the WOW PREA Coordinator/PREA Compliance Manager is also a certified DOJ PREA Auditor for juvenile facilities.

Corrective Action and Verification: None

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs placing oversight responsibility on agencies that contract with private agencies or other entities for the confinement of their resident further ensures that people who are confined pursuant to a contract with a PREA compliant jurisdiction share the same protections for sexual abuse and sexual harassment.

This standard is rated non-applicable.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Intergovernmental Agreement Between Alabama Department of Youth Services and The Board of Trustees of The University of Alabama, A Corporation
- The University of Alabama School of Social Work's Plan
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Alabama Department of Youth Services is a state program that has authority with direct responsibility for the operation of the Working on Womanhood program location that confines residents. Therefore, the Working on Womanhood program does not have authority to contract with other entities for the confinement of residents. Interviews with the Facility PREA Compliance Manager and the Executive Director indicated that the facility does not and has not contracted any other entity for the confinement of residents.

A review of the Pre-Audit Questionnaire, and confirmed by staff interviews, showed that there were zero contracts for the confinement of residents that the facility entered or renewed with private entities or other government agencies since the last PREA audit.

Overall Interview Results:

The Facility PREA Compliance Manager stated that all individual contractors are required to comply with all PREA requirements. An interview with the Program Director indicated that WOW do not subcontract with other facilities to house there residents.

Corrective Action and Verification: None

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in how to monitor and supervise residents as it relates to PREA.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Annual Staffing Plan Review
- WOW Staffing Outline as of May 2017
- Weekly Schedule
- Supervisor Monitoring Log/Unannounced Rounds
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Higher Level Facility Staff

Findings (By Provisions):

(a) The Working on Womanhood (WOW) Program develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against abuse. An interview with the Program Director and the Facility PREA Compliance Manager indicated that the facility takes into consideration the 11 requirements in standard 115.13 (a) – 1:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacies from Federal Investigative agencies;
- Any findings of inadequacy from internal and external oversight bodies;
- All components of the resident population;
- The composition of the resident population
- The number and placement of supervisory staff; institution programs occurring on a particular shift;
- Any applicable State or Local Laws, Regulations or Standards;
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

(b) An interview with the Program Director and Facility PREA Compliance Manager revealed each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of residents. There are approximately 42 plus cameras deployed. The auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside the facility fence and outside.

The WOW Program has cameras installed. Cameras have been placed in all housing units, common areas and hallways. Cameras can be viewed in the control room.

(c) The WOW Program / DYS policies and the interview with the Facility PREA Compliance Manager revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing plan to see whether adjustments are needed in:

- The staffing plan;

- The deployment of monitoring technology or
- The allocation of agency/facility resources to commit to the staffing plan to ensure compliance.

The Program Director and PREA Compliance Manager, interviews confirmed the process for conducting annual reviews. A review of the Pre-Audit Questionnaire and confirmed by staff interviews, the average daily number of residents on which the staffing plan was predicated is 16 beds.

- (d) Interviews with the Facility Management Team and documentation reviewed revealed that the intermediate level and/or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. WOW / DYS policies require unannounced rounds to be performed on all shifts and all areas of the facility occupied by residents.

When announced rounds are being conducted, the WOW policy directs staff not to alert other staff. Interviews with some intermediate level staff indicated that unannounced rounds occur on all shifts throughout the facility to include housing units, kitchen, laundry, and any area where residents have access to after hours.

The facility provided documentation to confirm unannounced rounds are being conducted. Unannounced rounds are documented using the Supervisor Monitoring Log/ Unannounced Rounds form. The documentation reviewed provided the Date, Day, Supervisor Name, Shift Monitored, Time of Monitoring, Comments/Concerns, Staff Signature and indication whether staff alerted other staff.

Overall Interview Results:

The Program Director stated that she and her staff continuously evaluate the need for additional video monitoring to protect residents. She states that system has expanded the audio to more areas sent the last PREA audit. The Facility PREA Compliance Manager was very knowledgeable of the standards requirements. She related that the WOW program exceeds the DYS staffing ratios by providing 1:4 ratios for resident's wake hours and 1:8 ratios for residents sleep hours.

Each bullet of the standard was discussed and management 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 stated that these rounds are conducted at all hours and non-typical work hours.

Eleven (11) direct care staff, representing staff from three shifts, was interviewed. One hundred percent (100%) of staff interviewed indicated that cross-gender pat searches were not conducted. While they are not prohibited, such searches would only occur in exigent circumstances. None of the interviewed staff could recall a circumstance that warranted a cross-gender pat down search. One hundred percent (100%) of the interviewed staff stated that they were trained on conducting cross-gender pat searches and that training occurred when initially hired and for those staff who have been employed more than a year during annual PREA refresher training. The interviewed direct care staff reported that the facility prohibits direct care staff from conducting searches to determine a resident's genital status.

One hundred percent (100%) of the interviewed staff reported that when male staff enter a housing unit that houses female residents they do not announce their presence. Staff reported that they are a treatment center that houses a majority of female residents with a history of trauma. The WOW program believes that making such an announcement would further traumatize the female resident population. It was reported that all residents can dress shower and toilet without being viewed by staff of the opposite gender. When female residents are showering, the male staff is not allowed to enter the area.

Twelve (12) residents were interviewed. One hundred (100%) percent of the residents interviewed reported that staff do not announce the presence of male staff when they are entering the housing areas. However fifty (50%)

percent of those residents reported that male staff will talk when entering housing areas so you know they are present and that male staff are not allowed to enter the area in which they shower and change clothes. All the residents reported that no one can see them when they are showering, using the toilet, or changing clothes. One hundred percent (100%) of the residents reported that male staff never perform pat down searches of their body.

- This standard is rated “exceeds” because of the WOW program staffing plan outlines a required staffing ratio of 1:4 during waking hours and 1:8 during sleeping hours for a youth population which doesn’t exceed 12 youth at any given time. The staffing ratio only includes care/front line staff and does not include clinician, teachers, or administrators, thus exceeding the required ratio. The staffing plan and supervision needs are formally assessed annually during a meeting attended by key administrative positions, including the PREA Coordinator/PREA Compliance Manager. The annual meeting considers all areas noted in the PREA standard along with programming that may impact effective PREA prevention, detection, and response. Additionally, staffing needs are discussed periodically during the monthly PREA Response Team meetings.

The program employs 42+ cameras for video monitoring in all areas of the facility (including the 2 safe rooms), and since the initial audit, the program has added audio monitoring in key areas to enhance supervision, PREA response, and PREA investigations. The program ensures that any hidden or secluded areas are such as janitorial closets, are kept locked and secured at all times; and these areas are also monitored through video surveillance.

Corrective Action and Verification: None

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility about how it treats transgendered and intersex residents in regards to cross-gender strip searches or cross-gender body cavity searches.

Supporting Documents, Interviews and Observations:

- Policy 13.0 – Staff Conduct with DYS Students of the Opposite Sex
- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- WOW Staff Training Sing-In Search & Seizure
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.315 Cross Gender Strip Searches
- PREA Form 115.315 Cross Gender Pat-Down Searches
- Interviews:
 - o Program Director
 - o Agency PREA Coordinator

- Facility PREA Compliance Manager
- Random Officers
- Non-Medical Staff Cross Gender Searches (Officer)
- Random Residents

Findings (By Provisions):

- (a) The WOW policy directs staff not to conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Documentation review indicated that WOW reports no exigent circumstances for this audit period. The facility maintains a log to document when exigent circumstances occur. The facility’s search policy prohibits female and male staff from conducting strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel. Facility documentation also indicated that no male staff member has been authorized to conduct the above searches within the PREA audit period. Interviewed staff stated that male staff does not conduct cross-gender pat searches on female residents. Interviews with residents confirmed that none of them had been strip searched by a male staff.
- (b) Staff interviews and facility documentation indicated that all cross-gender strip searches and cross-gender visual body cavity searches will be documented. The facility houses female residents only.
- (c) The DYS policy, requires WOW to implement policies and procedures that enable residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell or bed checks. Interviewed residents stated they are never naked in full view of staff and are provided privacy while changing clothes, showering and using the restroom.
- (d) According to staff interviews and documentation review, the facility has housed zero transgender residents within the past 12 months. The WOW Program policy directs staff not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, the facility may determine during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- (e) The staff received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and receive search training consistent with the WOW and DYS policy. The PREA Compliance Manager confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire, and confirmed by staff interview, showed that in the past 12 months there were zero cross-gender strip and visual body cavity searches of residents.

Overall Interview Results:

Interview with the Facility PREA Compliance Manager explain the process of a resident when placed in a “safe room”. 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 resident housed in the safe room will notify the control room whenever 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 room the control room staff will be notified to resume normal surveillance.

One hundred percent (100%) of the interviewed direct care staff reported that resident interpreters are not allowed and that an outside entity would be contacted to assist if necessary. The WOW program contracts with outside services to meet the needs of disabled and/or limited English proficient residents.

While conducting the audit there was one disabled (hearing impaired) resident. The resident was provided an interpreter upon placement at the program. The WOW program identified and implemented necessary services, and provided a whiteboard in the event that the interpreter is not onsite. In addition, the WOW program has provided posters in sign language.

According to interview with the Facility PREA Compliance Manager, youth are allowed to perform bodily functions without being viewed by staff of the opposite gender. Only female staffs are allowed to supervise shower and restroom breaks, and male staffs are prohibited from crossing a designated perimeter during the shower times. Additionally, male staffs are not allowed in youth rooms when a student is present without the accompaniment of female staff. The facility design ensures constant video surveillance monitoring, and both pods are equipped with audio monitoring as well.

WOW is a therapeutic treatment program for youth with significant mental health issues and significant traumatic experiences that often result in the development of various triggers to external stimuli. Because most of the WOW youth experienced trauma by male abusers, in an effort to minimize the likelihood of a student being triggered, the program will continue to allow male staff to announce their presence by speaking upon entering the pod while youth are in their rooms. Such announcements may include statements such as "Hi, everyone" or "Good evening ladies" and include conversations with female staff already present on the pod prior to arrival. This program practice will minimize potential triggers and therapeutic setbacks for youth.

Corrective Actions and Verifications: None

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to ensure that residents who are limited English proficient and residents with disabilities be afforded the same equal opportunities to participate in or benefit from the facility's effort to prevent, detect, and respond to sexual abuse or harassment.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)

- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 17.1, Reception and Orientation
- Independent Contractor (IC) Form
- Volunteer and Contractor Receipt of PREA
- Volunteer Orientation
- The University of Alabama Professional Services Agreement (American Sign Language Interpretation)
- Child Protection Addendum to Contract
- What you should Know About Sexual Abuse & Assault
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA 115.331 Staff Receipt of PREA
- Residents Handbook
- Translation Language Telephone Line
- PREA Posters (English & Spanish)
- PREA Video (English)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Random Residents
 - o Disabled Residents
 - o English Proficient Residents

Findings (By Provisions):

(a) The facility has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. To ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The WOW provided residents with disabilities access to interpreters by providing access to interpreters who can interpret effectively, accurately, and impartially, using receptively and expressively, specialized vocabulary. The facility may read the PREA information to the resident.

(b) The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and documentation indicated that onsite interpreters are provided for Spanish speaking residents. The Facility PREA Compliance Manger documentation that the facility would be able to provide translation for any PREA related issue. Outside interpreting services are available to the resident population as dictated by policy and customer requirements.

(c) The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.

Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months there were zero instances where resident interpreters, readers, or other types of resident assistants have been used.

Overall Interview Results:

- This standard is rated “exceeds” because of the program displays PREA posters in Spanish, sign language, and English. Additionally, the program maintains an ongoing contract with a translator for assist with any Spanish speaking youth. Recently, the program received a deaf student and in preparation for the student’s arrival, program administration utilized its resources through The University of Alabama and community partners to obtain a contract with 2 ASL translators to assist the deaf student during all waking hours, including the weekend. The 2 ASL translators are in addition to the 1 ASL translator provided DYS during school hours. Additionally, the program obtain a white board to allow the student to communicate in writing, and the WOW assistant director provided staff and youth with additional training to ensure everyone was knowledgeable of appropriate and culturally sensitive responses for a deaf individual.

Corrective Actions and Verifications: None

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in hiring and promotional practices in regards to PREA.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Background Checks
- Employment Questionnaire
- Child Abuse/Neglect (CAN) Central Registry Clearance
- List of New Hires
- List of Promotions
- Disclosure of Criminal Convictions
- Pre-Employment Background Investigations Manual
- Volunteers and Contract Provider Background Checks
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)

- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA 115.331 Staff Receipt of PREA
- PREA 115.317 Pre-Employment Questionnaires
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Human Resource Staff)

Findings (By Provisions):

- (a) The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents as listed in this standard to include the following provisions:
1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 3. Has been civilly or administratively adjudicated to have engaged in the activity described in number 2.

The DYS policy requires WOW to ask the three questions at the initial interview. WOW uses the Youth Services Institute Employee Questionnaire to document all responses.

- (b) The facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of contractors, that may have contact with residents.
- (c) The DYS / Youth Services Institute policy directs WOW before hiring new employees that have contact with residents are to complete a criminal background records checks and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation of an allegation of sexual abuse.
- (d) The facility conducts criminal background records checks every five years of current employees and contractors who have contact with residents. The facility human resources manager oversees an updated background check every five years on current employees. An interview with the HR Manager indicated that all vendors/contractors and volunteers NCIC checks must be approved by the Bureau of Prison each year.
- (e) The facility asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.
- (f) The WOW policy prohibits staff from deliberate omission or falsification of information related to sexual abuse or harassment on the part of the applicant/new hire will result in exclusion for consideration or termination.
- (g) Interviews with the HR manager indicated that the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for the employee that has applied to work. An interview with the HR manager indicated during this audit cycle there were no such requests.

Overall Interview Results:

The Staff responsible for Human Resources stated that all background records checks are completed by the University of Alabama Human Resources. The University of Alabama 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 Human Resources staff also indicated that 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. He She indicated that inquiry into previous misconduct is a part of the application process. Staff is 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.

Corrective Actions and Verifications: None

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the agency when considering upgrades to its facility or technologies.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Vision Security Technologies/ UA Girls Intensive Equipment Upgrade
- Financial Summary/Vision Security
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager

Findings (By Provisions):

Interviews and facility documentation indicated that the WOW facility has not had any substantial expansion upgrades. The facility has not added major surveillance cameras to the video system.

- (a) According to the WOW policy, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect residents from sexual abuse.
- (b) According to the WOW policy, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility’s ability to protect residents from sexual abuse.

Overall Interview Results:

Interviews with the Facility Management Team members indicated that they are continuously assessing how they can enhance technology systems, including video cameras. Interviews indicated the Facility PREA Compliance Manager, the PREA Team, and other staff are always considering anything else they can do or implement to enhance protection for the youth.

Since the initial PREA audit the program has added to the video surveillance and monitoring system. The program now employs over 42 video cameras, several in a higher resolution, and has added audio surveillance in primary areas of the facility. Additionally, the storage capacity for the surveillance system was enhanced to allow more storage capacity needed for PREA investigations. During the audit, the technicians were present at the facility to prepare for the installation of an additional camera(s). All of the aforementioned enhancements were completed in an effort to provide youth with continuous protection against sexual misconduct along with any other forms of maltreatment.

Corrective Actions and Verifications: None

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility’s evidence protocol and forensic medical examinations as it relates to PREA.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 1.29, Special Investigation Unit
- WOW Administrative Chain of Custody & Evidence Protocol Form
- DCH Regional Medical Center Agreement
- Medical Intake Form

- Alabama Coalition Against Rape Training/Understanding the Needs of Sexual Assault Victims: A Seminar for Those Working In Correctional Setting
- Victim Advocate Refresher Training Roster
- DCH SAFES or SANES email
- UCR Extension Receipt for Services
- PREA Administrative Investigative Protocol
- Cooperative Agreement Between Youth Services Institute and The Children’s Hospital of Alabama (Chip Center)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.321 Victim Advocate Receipt of PREA
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff
 - o Random Officers
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The facility PREA Compliance Manager is responsible for conducting or referring to outside investigation Units, law enforcement, administrative or criminal sexual abuse investigations to include resident-on-resident sexual abuse or staff misconduct. The Facility PREA Compliance Manager follows up to insure that all investigations are completed. The Alabama Department of Youth Services Special Investigators or local law enforcement follows a uniform evidence protocol when conducting a sexual abuse investigation.

The Code of Alabama regarding mandatory reporting, WOW reports any allegations of sexual abuse to the DYS for investigative purposes. The DYS assigns an Investigator who then contacts Law Enforcement, Crisis Service Center, Child Advocate, and Forensic Interviewer.

The Facility PREA Compliance Manager reviews all grievances, allegations for resident-on-resident sexual abuse assault, misconduct or harassment. Both Department of Youth Services and/or the Department of Human Resources Investigators investigates all allegations promptly, thoroughly, and objectively to include all third party and anonymous reports.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Department of Human Resources Investigator, Department of Youth Services and/or the Facility are responsible for all notifications that involve the local Law Enforcement or Prosecutor. The Investigator forwards all reports and information to Law Enforcement or Prosecutor for review and disposition.

The WOW facility requests that law enforcement or any other agency with the authority to conduct criminal investigations follows the PREA investigations standards.

- (b) WOW Program has a Memorandum of Understanding with the Alabama Coalition Against Rape. If an incident or allegation of sexual abuse is discovered or reported within 96 hours of the incident. The WOW Program will contact the local rape crisis center and transport the victim of sexual abuse to the designated hospital for a forensic medical exam and to meet with a rape crisis advocate from Alabama Coalition Against Rape.

The Youth Services Institute and DYS policy requires that the WOW Program medical staff ensures that the outside medical facility who examines the victim is a medical professional who is skilled and experienced in the use of a rape kit for the collection of forensic evidence. All victims of sexual abuse are offered access to

forensic medical examinations. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) through a contract with the North Alabama Rape Crisis Center.

The protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

There was a sexual abuse allegation, interviewed staff indicated that the facility offer the victim of sexual abuse access to forensic medical examinations at an outside hospital, without financial cost. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs). If SAFEs cannot be made available, the examination is performed by other qualified medical practitioners at the hospital. The facility documents its efforts to provide SAFEs or SANEs through the MOU with the local Rape Crisis Center.

- (c) The facility makes available to the victim a victim advocates. If a rape crisis center is not available to provide victim advocate services, the facility makes available a qualified staff member from a community-based organization, or a qualified facility staff member, to provide services. The facility provided documents that showed efforts to secure services from rape crisis centers.
- (d) Interview with Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the Investigator or designee to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months zero forensic medical exam were conducted.

Overall Interview Results:

All the interviewed staff could identify one person who was responsible for PREA related investigations. Staff identified the following staff that is responsible for conducting investigations: PREA Coordinator, DYS Coordinator, and a youth advocate.

One hundred percent (100%) of the staff could describe a detailed process and steps required to protect physical evidence; which included but not limited to: contacting law enforcement notifying the supervisor, securing the area, separating the victim and perpetrator, protecting the physical evidence, not allowing the victim to shower or brush teeth, and immediately seeking medical attention.

A resident reported that she did not feel that staff immediately responded to her concerns. However the resident stated that an administrative staff spoke with her immediately and reported that they would observe the interactions of the other resident. A plan was put in place where the alleged perpetrator and victim could not interact nor stand in line together. The alleged victim of sexual harassment reported that staff continues to allow them to be in line together and she does not feel comfortable around the other resident; however she does feel safe at the facility. The resident stated that she can talk to various staff if needed.

Corrective Actions and Verifications: None

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts at referring allegations for investigations to an appropriate investigatory agency for all sexual abuse or harassment allegations.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 1.29, Special Investigation Unit
- PREA Administrative Investigative Protocol
- Process For Investigating Sexual Assault Allegation
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Facility Investigator

Findings (By Provisions):

- (a) According to interview with the Investigator, the facility refers all allegations to the Department of Youth Services and Department of Human Resources and documents all referrals. The facility also ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct.

The initial investigation begins immediately. The Alabama Department of Youth Services and/or the Department of Human Resources use a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with policy, the Facility Administrator and/or the Facility PREA Compliance Manager are notified immediately and assume control of the investigation when appropriate. The Facility notifies the Alabama Department of Youth Services and Department of Human Resources.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and

suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

- (b) The Alabama Department of Youth Services and Youth Services Institute have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. The Investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- (c) If a separate entity is responsible for conducting criminal investigations, such publication describes the responsibilities of both the agency and the investigating entity. The WOW and Youth Service publishes the policy on its website.

Overall Interview Results:

Interviews with Facility Management, Facility Investigator, and other staff revealed that the Facility Investigators conducts administrative investigations in the facility and law enforcement is the agency with the legal authority to conduct criminal investigations.

Corrective Actions and Verifications: None

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in its efforts to train all facility staff in the PREA requirements.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA Refresher Training Power Point
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Code of Alabama 1975 Section 26-14-3
- Staff Training Acknowledgement Forms
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Random Officers

Findings (By Provisions):

- (a) The Facility has trained staff that has contact with resident in the following areas:
- Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities.
 - DYS Policy 13.8.1
 - DYS and WOW have a zero-tolerance for sexual abuse and sexual harassment.
 - How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevent, detection, reporting and response policies and procedures.
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - Recognizing red flags.
 - The right of juveniles to be free from sexual abuse and sexual harassment.
 - The right of juveniles and employees to be free from retaliation for the reporting of sexual abuse and sexual harassment.
 - The dynamics of sexual abuse and sexual harassment in confinement.
 - The common reactions of sexual abuse and sexual harassment victims.
 - How to detect and respond to signs of threatened and actual sexual abuse.
 - How to avoid inappropriate relationships with juveniles.
 - How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming juveniles.
 - Understanding first responder duties
 - Understanding shared information guidelines.
- (b) Training is tailored to the gender of the residents and the employees at WOW. Review of policy revealed that staff receive additional training if the staff is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only female residents.
- (c) All current employees have received training and the facility has provided each employee with refresher training every two years to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. Staff interviews earlier indicated that refresher training is a common practice during meetings.
- (d) The Facility documents, through employee signature using Department of Youth Services Form 115.331 Staff Confirmation of Receipt of PREA, that employee understand the training they have received. The facility also provided training rosters with staff and instructor signature, date and job title.

Overall Interview Results:

Interviewed eleven (11) direct care staff that could articulate the topics covered in the PREA training. One hundred percent (100%) of the direct care staff reported being knowledgeable of the trained PREA topics. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, specialized training (LGBTI, prior history of sexual victimization), relevant laws related to mandatory reporting and the age of consent, prevention and response protocol as well supportive services available to resident. Staff reported that they received training in pre-service, in-service and PREA refresher training. Staff reported that the University Of Alabama School Of Social Work provides periodic online refresher training.

- Interview staff stated that the program ensures staff receive initial PREA training and PREA refreshers at least every 2 years. Staff also review PREA related information and changes during monthly staff meetings and staff shift change, when needed. The program utilizes staff victim advocates and these advocates not only receive the 2 initial

victim advocate trainings, but the individuals serving in this position also receive refresher trainings. The PREA Coordinator/PREA Compliance Manager is continuously identifying potential resources to add to the victim advocate training protocol, including trainings facilitated in other counties and states.

Corrective Actions and Verifications: None

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs facility’s efforts to train volunteers and contractors in the PREA requirement.

Supporting Documents, Interviews and Observations

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- List of 2016 -2017 Current Approved Volunteers
- Volunteer Training Acknowledgement Forms
- Volunteer Orientation Power Point
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Volunteer
 - o Contractor

Findings (By Provisions):

- (a) The WOW Program trains all volunteers and contractors who have contact with residents on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. According to the PREA Audit: Pre-Audit Questionnaire the trained 7 contractor providers and 19 volunteers, only 9 is active, within the past 12 months. Volunteers and contractors receive the following training:
 - Understand the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities.
 - Department of Youth Services has a zero-tolerance for sexual abuse and sexual harassment.
 - How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
 - The right of juveniles to be free from sexual abuse and sexual harassment.

- How to avoid inappropriate relationships with juveniles.
 - Recognizing red flags.
 - Understanding first responder duties.
- (b) Interviews and documentation indicated that the level and type of training provided to volunteers and contractors are based on the services they provide and the contact they have with residents. All volunteers and contractors are notified of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.
- (c) The facility maintains documentation confirming that volunteers and contractors understand the training they received. The WOW documents volunteer and contractor training using the Department of Youth Services Form 115.332 confirming that volunteers and contractors understand the training they have received. The facility also provided the Auditor with rosters, which requires the volunteers, contractors and instructor signature and date.

Overall Interview Results:

One volunteer was interview and stated that they received PREA information and understand the zero policy report process as well as how to report sexual abuse incidents.

Corrective Actions and Verifications: None

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to provide during the intake process information regarding the facility’s zero tolerance policy about sexual abuse and harassment and how to report sexual abuse and harassment.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 17.1, Reception and Orientation
- First Responder Duties Posters
- Ways to Report Posters
- Sexual Assault Hotline Posters
- Know Your Rights Posters
- Report Sexual Abuse Posters
- Speak Out Posters
- PREA Pamphlet

- Student Handbook
- Youth PREA Orientation “Facts That Every Juvenile Should Know”
- PREA Student Acknowledgement Page
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Intake Staff
 - o Random Residents

Findings (By Provisions):

(a) Staff interviews and documentation review indicated that during the intake process, residents receive information explaining the facility’s zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The following is included in the facility orientation and resident education:

- WOW Program has a zero tolerance policy against sexual assault/misconduct.
- Sexual assault can happen to females and males.
- Sexual assault can occur physically or verbally.
- Sexual assault occurs when a person physically touches or tries to touch another person’s private parts; either on top or under the clothes.
- Verbal sexual abuse occurs when a person verbally threatens to touch the private parts of another person.
- Private parts include: penis, vagina, inner thigh, buttocks or breast.
- All persons are expected to immediately report any sexual assault, even if the assault happens to another person.
- All sexual assault will be investigated.
- Retaliation against a victim or the person who reported the sexual assault will not be tolerated.
- All victims and informants will be protected.
- False reporting of sexual assault will have consequences.

During intake, residents are given the resident handbook. During orientation, additional PREA related information is provided and the video is shown. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything that they do not understand.

(b) The facility provides comprehensive education to residents in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the residents within 30 days.

(c) All residents at the WOW Program received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.

(d) Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides PREA Education in English and Spanish, to include resident handbooks and posters. A video is used during orientation as well as in the dorm setting.

(e) The facility maintains documentation of resident participation in the education sessions by using the Department of Youth Services Form 115.333.1 Juvenile Receipt of PREA.

- (f) In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, and other written formats.

Overall Interview Results:

Twelve (12) residents were interviewed. All but one (1) of the residents reported that they received information upon intake and orientation regarding their right to not be sexually abused and harassed. One (1) resident reported that they did not receive information until about two weeks after being placed at the WOW program. The residents also reported that they received additional information several days prior to the audit.

The residents are provided information regarding sexual abuse and harassment in the facility handbook and a PREA brochure. There are PREA related posters throughout the facility; however, the location of the victim advocate and services information was not easily accessible. The resident handbook covers the sites zero tolerance policies, how to report, and to be free from retaliation for reporting incidents. If necessary, the handbook is also provided in Spanish.

It is recommended that the handbook also have the telephone numbers for outside reporting and resources. It is also recommended that the residents receive periodic education awareness sessions discussing PREA related matters.

According to the Facility PREA Compliance Manager, the program ensures youth receive PREA information in the form of pamphlets upon intake. Within 24 hours, but no later than 3 days, youth receive further PREA education and review in the form of PowerPoint presentation and review of the PREA information in the student handbook. Additionally, the program ensures that PREA posters in various formats are continuously displayed in all areas of the facility. Prior to the arrival of the deaf student, the program worked to ensure an ASL translator would be available prior to the student's arrival to assist with PREA review. Youth are made aware of their PREA rights in various forms and PREA review.

Corrective Actions and Verifications: None

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the specialized training requirements for investigators.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)

- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- NIC Certificate of Completion – PREA Investigating Sexual Abuse in a Confinement Setting
- Certificate of Completion – Building/Destroying a Sexual Assault Case
- CAMA Conference PREA Training June 4 – 7, 2016
- Certificate of Completion – Investigation Sexual Misconduct: Training for Investigators
- Certificate of Completion – Your Role Responding to Sexual Abuse (NIC)
- Certificate of Completion – Investigative & Forensic Interviewing Training
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Investigator

Findings (By Provisions):

- (a) In addition to the general PREA training provided to all employees, WOW Program has on site Investigators who has completed the required Training. The Department of Youth Services and the Department of Human resources have investigators training that have completed the required training and serve as outside investigators.
- (b) The Specialized training is overseen by the individual agencies Investigations Office. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.
- (c) The individual agencies maintain documentation of investigators having completed the required specialized training in conducting sexual abuse investigations. This training is documented using Department of Youth Services Form 115.334 Investigator Receipt of PREA.

Overall Interview Results:

Interview with the facility investigator indicated 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. The facility investigator was very impressive with her knowledge and understanding of the investigative process.

Corrective Actions and Verifications: None

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to have each medical and mental health staff member go through additional specialized training beyond that given to all employees.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting (NIC)
- PREA: Your Role Responding to Sexual Abuse (NIC)
- PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting
- Staff Training Sign-In
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.335 Medical and Mental Health Receipt of PREA
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff

Findings (By Provisions):

- (a) Interview with the Medical and Mental Health staff indicated that full- and part-time medical and mental health care practitioners who work regularly in the facilities have been trained.
- (b) The medical staff at WOW Program does not conduct forensic examinations.
- (c) The facility maintains documentation that medical and mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign in sheets was submitted to the Auditor. WOW also documents medical and mental health training using the Department of Youth Services Form 115.335 Medical and Mental Health Care Staff Confirmation of Receipt of PREA Specialized Training.

Overall Interview Results:

The Medical staff on duty related that she is not trained to do forensic examinations and does not conduct them. She stated that she had received specialized training through the University of Alabama and that the training was related to sexual abuse and sexual harassment. Additionally she had completed the NIC online training.

Interviewed medical staff stated after receiving an allegation of sexual abuse 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.

Corrective Actions and Verifications: None

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's effort at gathering information within 72 hours of intake and periodically thereafter during confinement.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Aggressive Behavior & Victimization Intake Screenings
- PREA Student Acknowledgement Page
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents

Findings (By Provisions):

- (a) The facility assesses all residents during intake screening, to include residents that transfer from other prisons, for risk of being sexually abused.
- (b) Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the WOW Program. In addition, during intake screening, procedures require that staff review available documentation for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

Prior to receiving of a resident to the WOW program, the QA/Intake personnel are able to download resident information from the Department of Youth Services Student Information Management System. The information provides WOW with alerts, special housing information, risks, demographics, special needs, etc. This information is reviewed by the Intake personnel and is transferred to a pre-admission screening tool as a way to communicate between all shifts and all staff any special needs the juvenile may have or any special housing needs to be considered such as single occupancy rooms or special behavior observations.

- (c) The WOW Program uses the WOW Intake Screening Form as adapted from Department of Youth Services Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization form (100.2/PREA Form 115.341) as the objective screening instruments.

- (d) Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness includes the following:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;

- Whether the resident has previously been incarcerated;
- Whether the resident’s criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The resident’s own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes.

The PREA Intake Objective Screening Instrument has the required criteria. The results of the assessment are documented on the Screening Form whether the resident is vulnerable and/or sexually aggressive. The original form is placed in the resident file.

(e) Interviews and documentation reviewed indicated that the staff reassesses the resident’s risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the facility if the resident is identified at risk for victimization or for being at risk for being sexually abusive.

(f) Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d) or on the screening instrument.

(g) The facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents as described above.

Overall Interview Results:

A mental health staff conducts screening for victimization. An interview with a mental health staff revealed that youth are screened, in most cases, the same day and always within 24 hours of admission. Reassessment is an ongoing process via a daily log of behaviors and treatment team reviews every two weeks and updated as needed.

The mental health staff related that in conducting the screening for victimization, she reviews the youth’s past history, case file notes and narratives, past victimization, physical history, documented assaultive behavior and triggers. It was also stated that information is disseminated to staff on a need to know basis in order to ensure they youth is protected. Staffs are made aware of risk behaviors, aggressiveness and vulnerability.

All the interviewed residents have entered the facility within the past 12 months. Half of the residents could not recall if they were asked about having a disability or whether they may be in danger of sexual abuse while at the facility. For those that could recall the questions were asked upon arrival and during the intake process. It should also be noted that a majority if the interviewed residents have been housed at the facility in less than 90 days of the date of the audit.

Corrective Actions and Verifications: None

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard sets forth guidelines for the use of screening information that is used in making housing, programming, bed, education, and work assignments.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 17.1, Reception and Orientation
- Housing and Room Assignments
- Medical Screenings
- Mental Health Assessment
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents
 - o LGBTI Populations Residents
 - o Transgender and Intersex Residents

Findings (By Provisions):

- (a) DYS and the Youth Services Institute policy requires WOW Program to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident will be made according to staff interviewed.
- (b) If and when the WOW Program receives a transgender resident and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- (c) Staff interviews indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them at least twice each year to review any threats to safety experienced by the resident. To document reassessments, the facility will use the Department of Youth Services Form 115.341.1 PREA Risk Reassessment.
- (d) Staff interviews also indicated if WOW Program were to have a transgender or intersex resident, the resident's own views with respect to his or her own safety will be given serious consideration.
- (e) Transgender and intersex residents will be given the opportunity to shower separately from other residents.
- (f) DYS and the Youth Services Institute policy requires facilities that may isolate residents from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until

an alternative means can be arranged. During any period of isolation, residents are not denied daily large muscle exercise and any legally required educational programming or special education services. Resident in isolation will receive daily visits from a medical or mental health care clinician.

- (g) Interview with the Facility PREA Compliance Manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.

Overall Interview Results:

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.

Staff stated if a youth is in the safe cell/isolation cell medical and mental health staff visits them daily.

One (1) resident interviewed identified as being lesbian, bisexual, and transgender. The resident reported that they are not isolated from other residents and that all youth shower alone.

Corrective Actions and Verifications: None

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's on how residents are allowed to report sexual abuse and harassment.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- DYS Youth Grievances
- Informal Compliant/Grievances
- Reporting PREA Allegations Power Point
- Student Handbook
- Ways to Report Posters
- Sexual Assault Hotline Posters
- Know Your Rights Posters
- Report Sexual Abuse Posters
- Speak Out Posters

- PREA Pamphlet
- PREA Orientation “Facts That Every Juvenile Should Know”
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.351 Alabama Hotline Message
- Posters: 5 Ways of Reporting
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Random Residents

Findings (By Provisions):

(a) Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for residents to report privately to the WOW Program and Department of Youth Services regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The follow are internal reporting ways:

- Grievance System
- Direct Care Staff
- Medical Staff
- Mental Health Staff
- Counselors
- The Facility PREA Compliance Manager or any other staff member they trust

(b) Interviews with staff and documentation indicated that the facility has established at least one way for residents to report abuse or harassment to a public or private entity that is not part the agency, and that they can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The following are external reporting way:

- Calling the Alabama Department of Youth Services Sexual Assault Hotline at 855-332-1594. An Investigator from the Special Investigation Office will take the resident confidential call and follow-up on the report.

(c) The WOW Program accepts staff reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staffs are required to document verbal reports. Staff may privately report sexual abuse and sexual harassment of residents.

(d) An interview with the Facility PREA Compliance Manager indicated that WOW Program does not detain residents solely for civil immigration purposes. However, if they receive a resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Overall Interview Results:

All twelve (12) interviewed residents stated that they had multiple ways to report. Most the residents reported that they could communicate with staff, write a grievance report, notify the DYS advocate, tell their parents/family members, or call the hotline number. All but two (2) of the interviewed residents reported being aware that they could make a report without providing their name. All the residents indicated that they could report sexual abuse or harassment to someone who does not work at the facility, such as family, DYS Advocate or a volunteer. Eleven (11)

out of twelve (12) interviewed residents reported that they could make a report of sexual abuse or harassment either in person or in writing, and that someone else could make a report on their behalf if necessary.

All of the interviewed staff identified at least one means to privately report sexually abuse or harassment. Such reporting opportunities included notifying supervisor, completing a grievance form, calling the hotline number, or notifying the PREA Coordinator or Director.

The interviewed line staff reported that the residents can privately reporting by calling the hotline number, completing a grievance form, notifying direct care, medical staff, family, or friends, and the Department of Youth Services (DYS).

One resident reported that they have made an allegation of sexual harassment since being at the facility. The resident stated that she made the report verbally and in writing. The administrative staff reported that the allegations of sexual harassment were investigated and monitored. The administrative staff reported being aware that one of the residents has poor boundaries and difficulty establishing friends and interacting with other residents. The staff is of aware of the concerns and monitor on a routine basis.

Corrective Actions and Verifications: None

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts in how residents may use the grievance system for PREA allegations.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 1.28, Juvenile Grievance Process
- PREA Third Party Reporting Forms
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The WOW Program has an administrative process to address resident grievances regarding sexual abuse.

(b) Time limits and informal grievances:

1. The facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance any time regardless of when the incident is alleged to have occurred.
2. According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

(c) According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case manager, the grievance Officer or ask any staff member; they may mail it to the outside entity ,and
2. The grievance is not referred to a staff member who is involved in the allegation.

(d) Filing Grievance:

1. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
2. An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.
3. DYS and the Youth Services Institute policy requires WOW Program to notify the resident in writing when the organization files for an extension, including notice of the date by which a decision will be made.

(e) Third Parties:

1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of residents.
2. If a third party files a request on behalf of an resident, the facility will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(f) Emergency Grievances:

1. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

(g) Resident documentation indicated that the facility may discipline a resident for filing a grievance related to alleged sexual abuse when the resident filed the grievance in bad faith.

grievances was filed alleging sexual abuse.

Overall Interview Results:

One (1) resident reported that an allegation of sexual harassment was made. The allegation was investigated and staff monitored the youth's interactions. The resident reported that the results of the investigation were not provided to her until almost 3 months after the allegations were made. The resident was told in writing and signed a form acknowledging receipt.

Corrective Actions and Verifications: None

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's effort at providing residents with access to support services and legal representation.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 13.7, Legal Assistance for Juveniles
- What To Do If You Believe Your Rights Have Been violated
- Student Handbook
- Emails: Women's Resource Center Services
- Consular Notification and Access Reference Card
- Cooperative Agreement between Youth Services Institute and The Children's Hospital of Alabama (Chip Center)
- Pre-Audit Questionnaire (Juvenile Facilities)
- Posters
- DYS Form 115.351 Alabama PREA Hotline
- Import Numbers for Juveniles to Report Sexual Abuse:
 - o DYS Sexual Assault 24 Hours Hotline – 1-855-332-15994
 - o ADAP Alabama Disabilities Advocacy Program – 1-800-826-1675
 - o Civil Immigration – 1-334-353-3050
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Residents
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The WOW Program provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the mailing address to the Crisis Services of North Alabama and the PREA hotline number.
- (b) DYS and Youth Services Institute policy requires WOW Program to inform residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information in their Admission and Orientation information.

Overall Interview Results:

Twelve (12) interviewed residents were asked if they were aware of services outside of the facility for dealing with sexual abuse. Five (5) of the residents stated that they were aware of services outside of the facility to deal with sexual abuse if needed. When further probed the five (5) residents could describe a rape crisis or sexual assault center along with victim advocates or therapist, as possible resources. A majority of the residents could not recall receiving mailing addresses and telephone numbers for outside services.

A majority of the residents were aware of the PREA hotline number and the DYS Advocate services. The PREA Hotline number is available on posters throughout the facility. All of the residents were aware of the PREA information provided to them in the student handbook. Of the five interviewed residents who were aware of outside services, most of them did not feel they could talk with someone in private about the services. Most the interviewed residents felt that staff would be listening or notified of their conversations. Several residents were aware that there were limitations to confidentiality if they reported any abuse or neglect. One hundred percent (100%) of the residents reported that they can talk with parents or someone else. Most the residents reported parents/guardian, family members, as well as DYS advocate.

Upon observation, a sign was posted in education providing mailing addresses and telephone numbers for outside victim advocacy and support, the local rape crisis center, and immigration services.

One (1) interviewed resident reported being sexually harassed since at the facility. She reported that her allegations were reviewed and investigated.

- This standard was rated as exceed because the program has a contract with the Children's Hospital of Alabama d/b/a CHIPS Center for the provision of SANE and victim advocacy services. Documentation was provided to show the programs continuous attempts to secure agreements with additional community resources, specifically for victim advocacy services, and the recent and previous efforts were unsuccessful. However, in addition to the resources available through CHIPS, the program has a community resource manual in the student library should youth prefer to communicate with outside resources. Also, the number for the sexual assault hotline is displayed on posters throughout the facility if a student prefers to report an allegation using that method.

The following outside resources are also available to youth: an academic professor/researcher from The University of Alabama School of Social Work who provides evidence-based trauma group therapy and individual treatment; a professor from The University of Alabama Psychiatry and Behavioral Medicine Department who provides weekly individual sessions and medication management; YSI staff member that provides youth with juvenile sex offender treatment services and trauma informed care when needed; substance abuse counseling; regular weekly/bi-weekly contact with the DYS Advocate; and contact with ADAP if requested.

The program provides youth with confidential access to their parents/legal guardians, attorneys and/or legal representation, and DHR when applicable. Youth detained solely for civil immigration purposes have access to the aforementioned outside resources, and are also afforded the opportunity to contact immigrant service agencies. The program has the Consular Notification and Access Manual from the US Department of State available as a

resource for youth who wish to contact their consular.

Corrective Actions and Verifications: None

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to establish a third party reporting mechanism for sexual abuse or harassment.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.354 Alabama PREA Third Party Reporting Form
- Agency Website Publication – Report Guidelines
- Interviews
 - o Facility PREA Compliance Manager
 - o Random Staff

Findings (By Provisions):

The WOW Program and Alabama Department of Youth Services use their website as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor’s information and a letter to the Parents and Probation Officers.

Corrective Actions and Verifications: None

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to implement staff and facility reporting duties.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- DYS Policy, 13.16 Child Abuse Reporting
- Reporting PREA Allegations Power Point
- Process For Investigating Sexual Assault Allegation
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Form 8.12 Critical Incident Report
- Staff Acknowledgements
- DHR-FCS 1593 Child Abuse Reporting Form
- Medical Consent Form
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Medical Staff

Findings (By Provisions):

- (a) Facility policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.
- (b) Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.
- (c) When sexual abuse incidents occur at the WOW Program, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the facility designated Investigators.

Overall Interview Results:

One hundred percent (100%) of the staff interviewed reported being aware of the agencies procedure for reporting any information related to a resident allegation of sexual abuse. Interviewed staff could clearly articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, local law enforcement, PREA Compliance Officer, hotline number or medical staff.

Corrective Actions and Verifications: None

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard addresses the facility's protection duties.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Form 8.12 Critical Incident Form
- Interviews:
 - o Facility PREA Compliance Manager
 - o Executive Director/Regional Director
 - o Random Officers

Findings (By Provisions):

- (a) When the WOW Program learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the resident to move to special housing or monitoring until the matter is resolved.
- (b) The WOW Program policy prohibited placing a resident at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months there were zero occasions where the facility has determined that an resident was subject to substantial risk of imminent sexual abuse.

Overall Interview Results:

The Program Director and the Facility 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, including separating 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.

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 want 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. The staff would monitor potential retaliation daily.

All the interviewed staff could articulate the response process, if a resident is at risk of imminent sexual abuse. One hundred percent (100%) of the interviewed staff reported that action is taken immediately to address a resident who is at risk of sexual abuse. Such actions include but not limited to: notifying the supervisor, stay with the victim, separate the residents, seek isolation if necessary, keep victim on observation, secure the scene, contact a supervisor and, and notify medical staff.

Corrective Actions and Verifications: None

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to report any allegations received from a resident that may have occurred at another confinement facility.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA Collateral Contact Form
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS PREA Form 115.363 Reporting of Other Confinement Facilities
- Interviews:
 - o Facility PREA Compliance Manager
 - o Executive Director/Regional Director

Findings (By Provisions):

- (a) The WOW Program has not received any allegation that a resident was sexually abused while confined at another facility. According to staff interviews, if the facility did receive an allegation the facility would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
- (b) The WOW Program policy requires within 72 hours of receiving and allegation that a resident was sexually abused while confined in another facility, the Administrator of the facility that received the allegation will notify in writing the sending Administrator.
- (c) WOW Policy requires that if receiving allegations were reported from other facilities, they would complete an incident report for investigations.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, during the past 12 months zero allegations were received by the facility that a resident was abused while confined at another facility.

Overall Interview Results:

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

Corrective Action: None

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's first responder's actions.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Staff Acknowledgements
- DYS PREA Form 115.364 First Responder Checklist
- DYS PREA Form 115.364.1 First Responder Guidelines for Sexual Assault
- Interviews:
 - o Random Officers
 - o Security Staff First Response
 - o Non-Security Staff First Response
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) WOW Policy and staff training indicated that when staff learn of an allegation that an resident is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

- (b) According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Overall Interview Results:

Interviews were conducted with Eleven (11) direct care staff who might be required to be first responders. All the interviewed staff consistently reported that the duties of a first responder to include but not limited to: take immediate action; stay with the resident; separate the victim from the perpetrator; isolate/secure the scene and preserve evidence; and notify supervisor, medical, mental and local law enforcement. Staff reported that they would not share information with other residents or unnecessary staff.

One resident reported sexual harassment within 90 days of the said audit. The resident reported that the incident was reported and investigated immediately. An administrative staff immediately spoke to the youth and developed a safety plan

Corrective Actions and Verifications: None

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to have a coordinated response plan for sexual abuse.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA Administrative Investigative Protocol
- Process for Contact Provider Response to Sexual Assault Allegations
- Process for Investigating Sexual Assault Allegation
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Staff from Review Team

Findings (By Provisions):

- (a) The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners,

investigators, and facility leadership.

Corrective Actions and Verifications: None

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is not applicable because there are no collective bargaining units or unions operating at facility or agency.

This standard is rated non-applicable.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) Management Staff interviews indicated that the WOW Program does not work with unions, and therefore does not enter into any collective bargaining agreements.

Corrective Actions and Verifications: None

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

This standard directs the facility in its effort to protect residents and staff from retaliation.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Policy 13.13, Prohibition of Retaliation
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS PREA Form 115.342 Housing Unit Placement
- DYS PREA Form 115.367 Protections Against Retaliation
- DYS PREA Form 115.371 Investigative Outcomes
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Monitoring Retaliation
 - o Residents Placed in Segregated Housing
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The Alabama Department of Youth Services and the WOW Program policies prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with Investigators as it relates to PREA related incidents and allegations. Resident rights documentation and staff policy establishes expected conduct. The Executive Director, PREA Compliance Manager or her designee, designates which staff member is charged with monitoring for retaliation. The Executive Director also determines if the initial monitoring needs to be extended beyond the 90 days. If the person to be monitored is a staff member, this function will be completed by assigned staff.
- (b) The facility has several protection and reporting measures, for residents. They can utilize the “Grievance Program” to document retaliatory acts or other PREA related concerns and issues. The facility has the options to protect resident when reporting retaliation by:
- Housing or program changes
 - Disciplinary reports
 - Transfers for resident victim or abusers
 - Negative performance reviews or reassignments of staff
 - Removal of alleged staff or resident abusers from contact with victims
 - Provide emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any retaliation.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, there were zero incidents of retaliation that occurred in the past 12 months.

Overall Interview Results:

The Program Director and the Facility 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, including separating 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.

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 want 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. The staff would monitor potential retaliation daily.

Corrective Actions and Verifications: None

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard gives guidelines on resident restrictive housing.

Supporting Documents, Interviews and Observation:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Staff Supervise Residents In Segregated Housing
 - o Residents Placed in Segregated Housing

Findings (By Provisions):

- (a) The facility's use of segregated housing or safe room to protect a resident who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation review at WOW Program indicated that residents at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews also reveal that if an assessment cannot be immediately completed, the facility will hold the resident in involuntary segregated housing for less than 24 hours while

completing the assessment.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, there were zero incidents of residents held in involuntary segregated housing in the past 12 months.

Corrective Action: None

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in regards to administrative and criminal investigations.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.371 Process for Investigating Sexual Assault Allegation
- PREA Form 115.371.1 Investigating Outcome
- Credentials of Investigators
- Interviews:
 - Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Investigator
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) Interviews with the PREA Investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- (b) The Alabama Department of Youth Services and the Facility uses Investigators who have received special training in sexual abuse investigations. When the Regional and/or Facility PREA Investigators conduct administrative and criminal investigations it is in accordance with best practice for the investigation of sexual assault and they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. If a criminal offense has been committed law enforcement is notified.

- (c) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) When the Alabama Department of Youth Services investigates sexual abuse, the WOW Program cooperates with the investigation and remains informed about the progress of the investigation.

Overall Interview Results:

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.

If the allegations were administrative in nature, she would examine the “who, what, when and where”, review video 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.

Corrective Actions and Verifications: None

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is related to the evidentiary standard used for administrative investigations.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Investigator

Findings (By Provisions):

- (a) Policy requires the Alabama Department of Youth Services and the Facility Investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are

substantiated.

Overall Interview Results:

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.

Corrective Actions and Verifications: None

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard establishes the reporting process relating to the outcome of an investigation.

Supporting Documents, Interviews and Observations:

- Working On Womanhood Incident Reports
- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA Investigation Final Reports
- Informal Complaint/Grievance Forms
- Staff Termination Letter
- Emails
- Notification of PREA Investigative Outcome
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Policy Number 1.29, Special Investigation Unit
- DYS Policy Number 13.8.1 Protection from Sexual Abuse and Assault
- Interviews:
 - o Facility PREA Compliance Manager
 - o Investigator
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) After investigating an inform resident's allegation that he or she has suffered sexual abuse, the facility has a process in place to inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the allegation was against a staff, then the resident is informed per the provisions of this standard.

- (b) When the WOW Programs notify residents, the facility uses the Department of Youth Services Form 115.373 Juvenile Notification of Investigative Outcome as documentation. If the facility does not conduct the investigation, then it will request the relevant information from the investigative agency in order to inform the resident. Information given to the resident is documented.

Overall Interview Results:

Interviews with the Facility PREA Compliance Manager and Program Director indicated that youth would be advised of the results of the investigation verbally or in writing.

Corrective Actions and Verifications: None

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility’s efforts at disciplining staff who have violated the requirements of PREA.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Staff Termination Letter
- Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Policy Number 1.29, Special Investigation Unit
- DYS Policy Number 13.8.1, Protection from Sexual Abuse and Assault
- Interviews:
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The WOW Program requires staff to be disciplinarily sanctioned up to and including termination for violating sexual abuse or sexual harassment policies, and termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- (b) Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the allegations committed, the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- (c) According to staff interviews and documentation, one staff terminations for violations of facility sexual abuse

or sexual harassment policies, or resignations by staff who would have been terminated are reported to law enforcement agency, and reported to the relevant licensing bodies .

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months one staff from the facility have violated sexual abuse or sexual harassment policies. In the past 12 months, one staff from the facility that has been terminated for violating facility sexual abuse or sexual harassment policies.

Overall Interview Results:

Interview with the Facility PREA Compliance Manager revealed that one staff were terminated for violating the PREA policy.

Corrective Actions and Verifications: None

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard provides guidance to the facility as it relates to disciplinary sanctions against a contractor or volunteer.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.332 Volunteers and Contractor Receipt of PREA
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) Staff interviews indicated that any contractor or volunteer who engages in sexual abuse are prohibited from contact with residents and are reported to law enforcement. The WOW Program reports all alleged of sexual abuse and harassment for investigations. Upon knowledge of an alleged sexual abuse claim, the Alabama Department of Youth Services is notified regarding information relating to abuse allegation. If a volunteer or contract staff is under investigation for alleged resident sexual abuse or sexual harassment, the individual is placed on paid administrative leave pending the outcome of the investigation.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months, zero

(0) contractors/volunteers were reported to law enforcement for engaging in sexual abuse of residents.

Corrective Actions and Verifications: None

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's disciplinary sanctions against residents for violation of sexual abuse or harassment of staff or a resident.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- PREA Response Team Meetings
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.371.1 Investigative Outcome
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff

Findings (By Provisions):

- (a) The WOW Program has a formal resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- (b) The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility.
- (c) The WOW Program considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

- (d) Staff interviews indicated for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

Corrective Actions and Verifications: None

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility on conducting medical and mental health screening and history of sex abuse.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Medical Screening Forms
- WOW Program 10 Day Treatment Plans
- Clinical Issues and Treatment Goals
- Aggressive Behavior & Victimization Intake Screening Forms
- Clinical Services Consent Forms
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- Interviews:
 - o Medical Staff
 - o Mental Staff
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Residents Disclosed Sexual Victimization

Findings (By Provisions):

- (a) Staff interviews and documentation review indicates that residents that have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. As part of the Intake Receiving Screening, a resident is evaluated for current or chronic mental health problem, and for history of sexual abuse, victimization or abusiveness. A mental health professional offers a resident with a history of sexual victimization or sexual abusiveness a follow-up meeting within 14 days of the intake screening.

- (b) If the screening pursuant to § 115.41 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

If there is an indication through the admission process that mental health services are required, a referral is made to the mental health professional.

- (c) Interview with the WOW Program staff indicated that if a resident reports a history of sexual abuse or sexual abusiveness or the resident appears at risk for victimization, security and case management are notified. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to need-to-know staff only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education and programming assignments.
- (d) The WOW Program use the Working On Womanhood Clinical Services Content Form for Release of Health Information for medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Overall Interview Results:

Two (2) residents interviewed, disclosed prior sexual victimization. One resident recalled speaking with staff upon admission about prior victimization and the resident received immediate services from medical and mental health staff. The other resident reported that the incident was reviewed and addressed by DYS prior to placement at the facility.

Corrective Actions and Verifications: None

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in providing access to emergency medical health services.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- WOW Treatment Forms
- Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.321 Victim Advocate Receipt of PREA

- Interviews:
 - o Medical Staff
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) At the WOW Program resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- (b) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility offer prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.
- (c) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Actions and Verifications: None

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility’s ongoing medical and mental health care for sexual abuse victims and abusers.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Mental Health Staff
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The WOW Program, through outside entities, offers medical and mental health evaluation and, provides treatment to all residents who have been victimized by sexual abuse.

- (b) Staff interviews indicated that evaluations and treatment of victims include follow-up services, treatment plans, referrals for continued care following residents transfer to, or placement in, other facilities, or their release from custody.
- (c) The facility provides victims with medical and mental health services consistent with the community level of care.
- (d) Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (e) WOW Program policy requires treatment services to be provided to victims without financial cost.
- (f) The facility conducts a mental health evaluation of resident-on-resident abusers of learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness, or appears at risk for victimization, security and case management are notified.

Overall Interview Results:

As reported by the resident outside medical and mental health services were not provided as the allegation of sexual harassment did not warrant outside services. The resident did receive in house mental health services.

Corrective Actions and Verifications: None

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility’s efforts at reviewing and sexual abuse incident that occurred at the facility.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- UA Girls Intensive Equipment Upgrade
- PREA Response Team Meetings
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Program Director
 - o Facility PREA Compliance Manager
 - o Incident Review Team

Findings (By Provisions):

- (a) Staff interviews indicated that if the facility had a sexual abuse, the facility will conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been unfounded. Investigations reviews occur within 30 days of the conclusion of the investigation.
- (b) The review team includes upper-level management officials, the Facility Administrator, Direct Care Supervisor, Facility PREA Compliance Manager, Health Service Staff, Mental Health, and other staff as deemed necessary by the Facility Administrator.
- (c) According to interviews the review team will use the information from the sexual abuse incident review to identify any policy, training, or other issue related to the incident that indicated a need to change policy or practice.

Corrective Actions and Verifications: None

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard guides the facility in its data collection efforts.

Supporting Documents, Interviews and Observations

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- WOW PREA Allegations Database
- Pre-Audit Questionnaire (Juvenile Facilities)
- U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile)
- Annual Data Review
- Annual DYS PREA Report
- Interviews:
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The WOW Program collects accurate, uniform data for every allegation of sexual abuse using a

standardized instrument and set of definitions as required by Department of Youth Services Policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The WOW Program aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. The facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

- (b) All incidents that meet the definitions of sexual assault/abuse under the PREA standards are documented using Department of Youth Services Critical Incident Report Form and the Department of Justice Form SSV-IJ. WOW cooperates with the Department of Youth Services PREA Coordinator in completing an Annual Survey on Sexual Violence Report to the Justice Department.
- (c) The Alabama Department of Youth Services aggregates incident-based sexual abuse data at least annually.
- (d) The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The Alabama Department of Youth Services also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents, to include WOW Program.
- (f) Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Actions and Verifications: None

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility efforts at reviewing data for corrective action.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Annual Survey of Sexual Violence
- Annual Data Review
- Annual DYS PREA Report

- Interviews:
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Department of Youth Services and WOW Program review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Alabama Department of Youth Services prepares an annual report of its findings and corrective action that includes the WOW Program.
- (b) The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse.
- (c) The report is approved by the agency and made readily available to the public through its website.
- (d) The Alabama Department of Youth Services redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Corrective Actions and Verifications: None

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in its efforts to comply with data storage, publication, and destruction of records related to PREA.

Supporting Documents, Interviews and Observations:

- Policy 13.8.1, Protection from Sexual Abuse/Sexual Assault (PREA)
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Policy 13.8.1, DYS-Prison Rape Elimination Act (PREA) Rules and Regulations
- Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews
 - o Program Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Department of Youth Services aggregated sexual abuse data from the WOW Program and the information is made available to the public at least annually through its website. Before making aggregate sexual abuse data publicly available the agency removes all personal identifiers.
- (b) The WOW Program maintains sexual abuse data collected for at least 10 years after the date of initial collection.

Overall Interview Results:

Interview with the Facility PREA Compliance Manager revealed that data is secured with access limited to those staff approved by the Program Director.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Adam T. Barnett, Sr.

August 18, 2017

Auditor Signature

Date