

# PREA Facility Audit Report: Final

**Name of Facility:** Coosa Valley Attention Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/16/2022

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Robert B. Latham  | <b>Date of Signature:</b> 11/16/2022 |

| AUDITOR INFORMATION                 |                          |
|-------------------------------------|--------------------------|
| <b>Auditor name:</b>                | Latham, Robert           |
| <b>Email:</b>                       | robertblatham@icloud.com |
| <b>Start Date of On-Site Audit:</b> | 09/29/2022               |
| <b>End Date of On-Site Audit:</b>   | 09/29/2022               |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Coosa Valley Attention Home                           |
| <b>Facility physical address:</b> | 4621McClellan Blvd, P.O. Box 4519, Alabama - Anniston |
| <b>Facility mailing address:</b>  |   |

| Primary Contact          |                     |
|--------------------------|---------------------|
| <b>Name:</b>             | Amanda Akhtar       |
| <b>Email Address:</b>    | aakhtar08@gmail.com |
| <b>Telephone Number:</b> | 256-236-5437        |

| Superintendent/Director/Administrator |                    |
|---------------------------------------|--------------------|
| <b>Name:</b>                          | Jason Granholm     |
| <b>Email Address:</b>                 | jgranholm@cvys.net |
| <b>Telephone Number:</b>              | 256-237-2881       |

| Facility PREA Compliance Manager |                     |
|----------------------------------|---------------------|
| <b>Name:</b>                     | Amanda Akhtar       |
| <b>Email Address:</b>            | aakhtar08@gmail.com |
| <b>Telephone Number:</b>         |                     |

| Facility Health Service Administrator On-Site |                    |
|---|--------------------|
| <b>Name:</b>                                  | Jennifer Pembrook  |
| <b>Email Address:</b>                         | jpembrook@cvys.net |
| <b>Telephone Number:</b>                      | 256-237-2881       |

| Facility Characteristics   |         |
|--|---------|
| <b>Designed facility capacity:</b>   | 14      |
| <b>Current population of facility:</b>   | 8       |
| <b>Average daily population for the past 12 months:</b>  | 10      |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                       | No      |
| <b>Which population(s) does the facility hold?</b>   | Females |
| <b>Age range of population:</b>  | 12-18   |
| <b>Facility security levels/resident custody levels:</b>   | 1:8     |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 17      |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 8       |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 21      |

| AGENCY INFORMATION   |  |
|--|--|
| <b>Name of agency:</b>                                       | Coosa Valley Youth Services                            |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 4625 McClellan Blvd, P.O. Box 4519, Alabama - Anniston |
| <b>Mailing Address:</b>                                      |  |
| <b>Telephone number:</b>                                     |  |

| Agency Chief Executive Officer Information: |  |
|---|--|
| <b>Name:</b>                                |  |
| <b>Email Address:</b>                       |  |
| <b>Telephone Number:</b>                    |  |

| Agency-Wide PREA Coordinator Information |            |                       |                |
|--|------------|-----------------------|----------------|
| <b>Name:</b>                             | Leisa Cole | <b>Email Address:</b> | Leisa@cvys.net |

| SUMMARY OF AUDIT FINDINGS  |  |
|--|--|
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> |  |
| <b>Number of standards exceeded:</b>   |  |
| 0  |  |
| <b>Number of standards met:</b>  |  |
| 43   |  |
| <b>Number of standards not met:</b>  |  |
| 0  |  |

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-09-29 |
| 2. End date of the onsite portion of the audit:   | 2022-09-29 |

### Outreach

|   |  |
|---|--|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | 1. Alabama Department of Youth Services<br>2. 2nd Chance, Inc.   |

## AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 14   |
| 15. Average daily population for the past 12 months:                             | 10   |
| 16. Number of inmate/resident/detainee housing units:                            | 2  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|   |   |
|---|---|
| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:   | 9 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:  | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:  | 0 |

|   |                   |
|---|-------------------|
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:  | 0                 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:   | 2                 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:   | 0                 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:  | 3                 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:                                     | 0                 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>  |                   |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:   | 17                |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:   | 21                |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:  | 8                 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:   | No text provided. |
| <b>INTERVIEWS</b>   |                   |
| <b>Inmate/Resident/Detainee Interviews</b>  |                   |
| <b>Random Inmate/Resident/Detainee Interviews</b>   |                   |

|   |   |
|---|---|
| 53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:   | 9   |
| 54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)  | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| 55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?   | All girls were interviewed.   |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:   | There were nine girls; all girls were interviewed.  |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):   | No text provided.   |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |   |
| 58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:   | 3   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:  | 0   |

|   |   |
|---|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |
| <p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |
| <p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |
| <p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |
| <p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>2</p>  |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p>  |



|   |  |
|---|--|
| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:  | 0  |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:   | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).  | Corroboration strategies included discussions with staff and interviews with residents.  |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:   | 2  |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0  |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:   | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).  | Corroboration strategies included discussions with staff and interviews with residents.  |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):  | No text provided.  |
| <b>Staff, Volunteer, and Contractor Interviews</b>  |  |
| <b>Random Staff Interviews</b>  |  |
| 71. Enter the total number of RANDOM STAFF who were interviewed:  | 6  |

|  |   |
|--|---|
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>  |
| <p><b>If "Other," describe:</b></p>  | <p>Race, ethnicity, and languages spoken were considered.</p>   |
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>   |
| <p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>  | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>No text provided.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |   |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |   |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>10</p>   |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |

|   |  |
|---|--|
| <p>78. Were you able to interview the PREA Coordinator?</p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p>79. Were you able to interview the PREA Compliance Manager?</p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>  |
| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |

|   |   |
|---|---|
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| a. Enter the total number of VOLUNTEERS who were interviewed:   | 2   |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff.  | No text provided.   |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

|   |  |
|---|--|
| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|---|--|

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

|   |  |
|---|--|
| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |

|  |  |
|--|--|
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|--|--|

|  |                   |
|--|-------------------|
| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | No text provided. |
|--|-------------------|

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

|  |  |
|--|--|
| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|--|--|

|   |                   |
|---|-------------------|
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. |
|---|-------------------|

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

|                                      | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 0                             | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 0                             | 0                            | 0                                  | 0   |
| <b>Total</b>                         | 0                             | 0                            | 0                                  | 0   |

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

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0   |

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

|  |   |
|--|---|
| <b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>  | 0   |
| <b>a. Explain why you were unable to review any sexual abuse investigation files:</b>  | There were no reported allegations of sexual abuse.   |
| <b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

**Inmate-on-inmate sexual abuse investigation files**

|   |  |
|---|--|
| <b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>               | 0  |
| <b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>       | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |

| <b>Staff-on-inmate sexual abuse investigation files</b>   |   |
|---|---|
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:   | 0   |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>  |   |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:  | 0   |
| a. Explain why you were unable to review any sexual harassment investigation files:   | There were no reported allegations of sexual harassment.  |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>   |   |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:   | 0   |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>  |   |



|  |  |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:                         | 0  |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided.  |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

|   |  |
|---|--|
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

### Non-certified Support Staff

|   |  |
|---|--|
| 116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

## AUDITING ARRANGEMENTS AND COMPENSATION

|  |  |
|--|--|
| 121. Who paid you to conduct this audit? | <input checked="" type="radio"/> The audited facility or its parent agency<br><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<br><input type="radio"/> Other |
|--|--|

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

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

|         |  |
|---------|--|
| 115.311 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 333"><b>Documents:</b></p> <ol data-bbox="240 338 967 566" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. CVYS Disciplinary Procedures</li> <li>3. CVYS Organizational Chart</li> <li>4. Coosa Valley Attention Home Organizational Chart</li> <li>5. Position Description: PREA Coordinator (Assistant Director)</li> <li>6. Position Description: PREA Compliance Manager (Program Manager)</li> <li>7. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 595 363 624"><b>Interviews:</b></p> <ol data-bbox="240 629 552 689" style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> </ol> <p data-bbox="240 719 528 748"><b>Site Review Observations:</b></p> <p data-bbox="240 752 761 781">Observations during on-site review of physical plant</p> <p data-bbox="240 810 505 840"><b>Findings (By Provision):</b></p> <p data-bbox="240 844 360 873"><b>115.311 (a)</b></p> <p data-bbox="240 878 1474 1072">PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 1102 1474 1196">Coosa Valley Youth Services (CVYS) has zero tolerance towards all forms of sexual abuse and sexual harassment. The agency will take appropriate actions to reduce the risk of all forms of sexual abuse and sexual harassment within all Coosa Valley Youth Services programs.</p> <p data-bbox="240 1225 1489 1621">Coosa Valley Youth Services prohibits any form of sexual activities involving youth-on-youth, and administration/staff/visitors/contractors/volunteers/interns-on-youth. Such conduct is subject to administrative, disciplinary sanctions, termination, and/or criminal prosecution. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy addresses prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Managers, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.</p> <p data-bbox="240 1650 363 1680"><b>115.311 (b)</b></p> <p data-bbox="240 1684 1474 1778">PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure is the Assistant Director.</p> <p data-bbox="240 1807 1474 1937">Coosa Valley Youth Services employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified on the CVYS organizational chart as the Assistant Director. She confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator reports to the Executive Director.</p> <p data-bbox="240 1966 363 1995"><b>115.311 (c)</b></p> <p data-bbox="240 2000 1489 2130">PAQ: Coosa Valley Attention Home has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager is identified on the facility organizational chart as the Program Manager. The PREA Compliance Manager reports to the Assistant Director.</p> |

The Program Manager confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

|         |   |
|---------|---|
| 115.312 | <b>Contracting with other entities for the confinement of residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 331"><b>Documents:</b></p> <ol data-bbox="242 336 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 430 352 456"><b>Interview:</b></p> <ol data-bbox="242 461 639 488" style="list-style-type: none"> <li>1. Agency Contract Administrator – N/A</li> </ol> <p data-bbox="242 519 504 546"><b>Findings (by provision):</b></p> <p data-bbox="242 551 408 577"><b>115.312 (a)</b> N/A</p> <p data-bbox="242 582 1442 609">PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p data-bbox="242 640 1219 667">CVYS PREA Policy (page 5) CVYS does not contract with any entity for the confinement of youth.</p> <p data-bbox="242 698 408 725"><b>115.312 (b)</b> N/A</p> <p data-bbox="242 730 1219 757">CVYS PREA Policy (page 5) CVYS does not contract with any entity for the confinement of youth.</p> <p data-bbox="242 788 376 815"><b>Conclusion:</b></p> <p data-bbox="242 819 1477 882">Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p> |

115.313

**Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

- 1. CVYS PREA Policy (revised 8/2022)
- 2. Unannounced Rounds (PREA Pop-in)
- 3. Vulnerability Assessments
- 4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Document (Corrective Actions):**

- 1. Staffing Plan (September 16, 2022)

**Interviews:**

- 1. Superintendent or Designee (Program Manager)
- 2. PREA Coordinator
- 3. PREA Compliance Manager
- 4. Intermediate or Higher-Level Facility Staff

**Site Review Observations:**

Observations during onsite review of facility

**115.313 (a)**

PAQ: Since the 2017 PREA audit:

- 1. The average daily number of residents: 11
- 2. The average daily number of residents on which the staffing plan was predicated: 14

CVYS PREA Policy (page 5) Programs will develop, implement, and document an approved staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect youth against sexual abuse.

A PREA compliant staffing plan was developed as part of corrective action. The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.

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

**115.313 (b)**

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

The auditor interviewed the Program Manager. The Program Manager reported the facility maintains appropriate staffing ratios. Deviations from the staffing plan would be documented and would include explanations for non-compliance.

There were no reported deviations from the staffing plan in the past 12 months.

**115.313 (c)**

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

In the past 12 months:

- 1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- 2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

The Program Manager confirmed the ratios are 1:8 during waking and sleeping hours.

**PREA Site Review:**

During the onsite review of the facility the auditor observed the dayroom to be compliant with required staffing ratios. Juveniles were supervised by staff at all times. Cameras were used to mitigate blind spots.

**115.313 (d)**

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

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

A PREA compliant staffing plan was developed as part of corrective action (September 16, 2022). The plan will be reviewed as required by the standard.

**115.313 (e)**

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

CVYS PREA Policy (page 5) CVYS requires that intermediate-level (Supervisors) and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds cover all shifts and all areas of the facility. Staff members are prohibited from alerting other staff of such rounds. All such rounds are logged into the program shift report and and/or a log maintained by the Program Manager.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by the standard and policy. The facility records the unannounced rounds on the PREA Pop-in Form).

An interview with the Program Manager confirmed she conducts unannounced rounds. They are conducted on all shifts, and she stated she does not announce the rounds are occurring. She documents them on the PREA Pop-in Form.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

**115.313 (a)** The facility developed a PREA compliant staffing plan (September 16, 2022).

|         |  |
|---------|--|
| 115.315 | <b>Limits to cross-gender viewing and searches</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. CVYS Policy 3A-13: Search for and Handling of Contraband</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Staff Training Logs (9/15/2022)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random sample of Residents</li> <li>3. Transgender or Intersex Residents – none present</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during onsite review of facility</p> <p><b>Findings (By Provision):</b></p> <p><b>115.315 (a)</b></p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</li> <li>2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</li> </ol> <p>CVYS Policy 3A-13 (page 1) A strip search will be performed any time a juvenile comes out of visitation, and any time a juvenile returns from a trip outside the facility. A strip search of a juvenile shall be conducted by a staff member of the same gender as the juvenile being searched. A strip search shall be performed in an area and manner which ensures the privacy and dignity of the individual. Strip searches shall be performed visually with no physical contact between the staff and the youth.</p> <p>The Program manager stated no circumstances would require cross-gender strip searches and visual body cavity searches.</p> <p><b>PREA Site Review:</b></p> <p>The auditor observed no nonmedical staff of the opposite gender are able to view residents in a state of undress, including from different angles and via mirror placement. No areas under video surveillance monitoring allow viewing by opposite-gender staff.</p> <p><b>115.315 (b)</b></p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender pat-down searches of residents: 0</li> <li>2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0</li> </ol> <p>CVYS Policy 3A-13 (page 2) A frisk search is used only when a youth has not been searched by the admitting official prior to being admitted. The frisk search should be conducted in the presence of the admitting official. The juvenile should not be touched any more than is necessary to conduct a comprehensive search. A frisk search shall be conducted by a staff member of the same gender as the youth being searched.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than searches of transgender or intersex residents.</p> <p><b>115.315 (c)</b></p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>Cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches are not</p> |



authorized by policy.

**115.315 (d)**

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

CVYS PREA Policy (page 7) With the exception of medical examinations or urine drug screens, staff will not view youth when the youth is showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine safety checks or suicide/self-harm watch.

Staff interviews confirmed staff of the opposite gender announce their presence when entering an area where residents are likely to be in a state of undress. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff would announce their presence, but only female staff work in the facility. All residents stated they are never fully naked in full view of staff of the opposite gender.

**PREA Site Review:**

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual bathroom. The auditor observed one cross-gender announcement made by the Executive Director, upon entering the facility. The auditor observed no bathrooms or showers are in camera view.

**115.315 (e)**

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

CVYS PREA Policy (page 7) Non-medical staff will not search or physically examine a transgender youth or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined from intake paperwork supplied by the court, or during conversation with the youth during intake.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

No residents identified as transgender or intersex during the onsite phase of the audit.

**115.315 (f)**

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.

Training was accomplished through corrective action (9/15/2022). The auditor reviewed the Transgender and Intersex Search Procedure Training Curriculum and Staff Training Logs for verification the training was completed.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

**115.315 (f)**

Training was accomplished through corrective action (9/15/2022). The auditor reviewed the Transgender and Intersex Search Procedure Training Curriculum and Staff Training Logs for verification the training was completed.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Interpreter Agreement: Jacksonville State University International House
3. Staff Development Training Reports
4. Resident Handbook (English and Spanish)
5. Resident PREA Handout (English and Spanish)
6. Posters (English and Spanish)
7. Juvenile PREA Intake Orientation Checklist
8. PREA Youth Acknowledgement Statement
9. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head (Executive Director)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

**Site Review Observations:**

Observations during onsite review of facility

**Findings (By Provision):**

**115.316 (a)**

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

CVYS PREA Policy (page 7) Accommodations will be made in accordance with the Americans with Disabilities Act. Language Assistance Services will be arranged through local resources to include the International House at Jacksonville State University and the Alabama School for the Deaf and Blind to ensure that youth who are limited English proficient (LEP), deaf or disabled are able to report sexual abuse to staff directly or through non-youth interpreters. Coordination will be made with the juvenile court having jurisdiction over the youth to assist in securing a necessary accommodation or interpreter when needed.

The Executive Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Program Manager provided an explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff would assist with reading and explaining all documents to match their level of comprehension.

There were no residents with disabilities identified during the onsite phase of the audit.

**115.316 (b)**

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

CVYS PREA Policy (page 7) Accommodations will be made in accordance with the Americans with Disabilities Act. Language Assistance Services will be arranged through local resources to include the International House at Jacksonville State University and the Alabama School for the Deaf and Blind to ensure that youth who are limited English proficient (LEP), deaf or disabled are able to report sexual abuse to staff directly or through non-youth interpreters. Coordination will be made with the juvenile court having jurisdiction over the youth to assist in securing a necessary accommodation or interpreter when needed.

The agency has an agreement for translation services with the Jacksonville State University International House. Additionally, there are staff available for translation. The auditor successfully tested the availability of Spanish language translation through the assistance of a trilingual Program Manager, fluent in English, Thai, and Spanish.

There were no residents who are limited English proficient identified during the onsite phase of the audit.

**PREA Site Review:**

The auditor observed posters available in English and Spanish. The auditor observed the PREA handout and resident handbook are available in English and Spanish.

**115.316 (c)**

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

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

CVYS PREA Policy (page 7) Youth who are limited English proficient (LEP), deaf or disabled are able to report sexual abuse to staff directly or through non-youth interpreters.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317

**Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. CVYS Policy: Hiring
3. CVYS Policy: Criminal Activity Reporting
4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. PREA Employment/Appraisal Questionnaires (September 15, 2022)
2. Applicant Reference Form (October 6, 2022)

**Interviews:**

1. Administrative (Human Resources) Staff

**Findings (By Provision):**

**115.317 (a)**

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

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

CVYS PREA Policy (page 8) CVYS will not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment.

As part of corrective action, the agency implemented the PREA Employment/Appraisal Questionnaire. The questionnaire inquires about previous misconduct included in the standard provision.

The auditor reviewed PREA Employment/Appraisal Questionnaires for 12 employees and observed the three (3) questions regarding past conduct were asked and answered.

The Executive Director interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

**115.317 (b)**

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

CVYS PREA Policy (page 8) CVYS will not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment.

The Executive Director confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. As part of corrective action, the agency implemented the PREA Employment/Appraisal Questionnaire. The questionnaire inquires about any incidents of sexual harassment.

The auditor reviewed PREA Employment/Appraisal Questionnaires for 12 employees and observed consideration of any incidents of sexual harassment.

**115.317 (c)**

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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 6
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

CVYS PREA Policy (page 8) All Interns / contractors (having contact with juveniles), new hires and employees being considered for promotion will have a background investigation completed in accordance with CVYS personnel policies.

CVYS will submit a CA/N registry check on all applicants for Employment/Volunteer/Intern in accordance with CVYS policy. All applicants will be asked directly about previous sexual abuse misconduct during interviews.

The Executive Director confirmed the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks, including child abuse registry checks, of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

As part of corrective action, the agency implemented the Applicant Reference Form to documented contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

**115.317 (d)**

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

During the past 12 months:

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

CVYS PREA Policy (page 8) All Interns / contractors (having contact with juveniles), new hires and employees being considered for promotion will have a background investigation completed in accordance with CVYS personnel policies.

CVYS will submit a CA/N registry check on all applicants for Employment/Volunteer/Intern in accordance with CVYS policy. All applicants will be asked directly about previous sexual abuse misconduct during interviews.

The Executive Director confirmed the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

The facility does not use the services of contract staff who have contact with the residents.

**115.317 (e)**

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

CVYS PREA Policy (page 8) CVYS will conduct background record checks at least every five years for current employees in accordance with CVYS personnel policies.

The Executive Director confirmed criminal background records checks are conducted at least every five years of current employees and contractors who may have contact with residents.

The auditor observed background checks were within five years.

**115.317 (f)**

As part of corrective action, the agency implemented the PREA Employment/Appraisal Questionnaire. The questionnaire inquires about previous misconduct included in the standard provision as required by the standard provision.

The auditor reviewed PREA Employment/Appraisal Questionnaires for 12 employees and observed the three (3) questions regarding past conduct were asked and answered.

**115.317 (g)**

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

**115.317 (h)**

The Executive Director stated the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

**115.317 (a)** PREA Employment/Appraisal Questionnaires were implemented to ask about prior misconduct (September 15, 2022).

**115.317 (b)** PREA Employment/Appraisal Questionnaires were implemented to ask about prior incidents of sexual harassment (September 15, 2022).

**115.317 (c)** The Applicant Reference Form was implemented to documented contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (October 6, 2022).

**115.317 (f)** PREA Employment/Appraisal Questionnaires were implemented and completed as part of corrective action (September 15, 2022).

|         |  |
|---------|--|
| 115.318 | <b>Upgrades to facilities and technologies</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Facility Schematics</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. Superintendent or Designee (Program Manager)</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.318 (a)</b></p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>CVYS PREA Policy (page 9) When the agency designs or acquires any new facility and in planning any substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect youth from sexual abuse. The Agency-wide PREA Coordinator will serve on the agency primary planning committee for these purposes.</p> <p>The Executive Director and Program Manager both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p><b>115.318 (b)</b></p> <p>PAQ: The agency or facility not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Executive Director and Program Manager both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p> |

**115.321 Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

- 1. CVYS PREA Policy (revised 8/2022)
- 2. MOU: 2nd Chance, Inc.
- 3. MOU: Anniston Police Department
- 4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

- 1. PREA Compliance Manager
- 2. Random Sample of Staff
- 3. SAFEs/SANEs
- 4. Residents who Reported a Sexual Abuse - none

**Findings (By Provision):**

**115.321 (a) and (b)**

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

CVYS PREA Policy (page 9) CVYS administration at the level of Program Manager and above will be responsible for conducting administrative investigations including youth-on-youth and staff-on-youth sexual abuse. Criminal investigations will be conducted by the appropriate law enforcement agency having jurisdiction.

Coosa Valley Youth Services does not investigate sexual abuse allegations; therefore, CVYS does not use a uniform evidence protocol.

Staff interviews confirmed they are knowledgeable of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that local law enforcement is responsible for conducting sexual abuse investigations.

**115.321 (c)**

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

During the past 12 months:

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

CVYS PREA Policy (pages 9-10) Any youths reported or believed to have been sexually assaulted shall be immediately referred to the agency nurse for evaluation to determine the need for emergency care. The youth shall be sent to the hospital for further examination, treatment, and collection of forensic evidence in accordance with CVYS Emergency Medical Care policies.

At the hospital, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs the medical examination, and it is documented in accordance with applicable standards and law.

**115.321 (d) and (e)**

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

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

Victim advocates are available from 2nd Chance, Inc. Their team of trained advocates is available 24-hours a day to provide in-person advocacy services for individuals in Emergency Departments needing forensic exams.



CVYS has a MOU with 2nd Chance, Inc. for outside emotional support services.

The auditor contacted staff at 2nd Chance, Inc. and was told that if requested by the facility, they would provide victim advocacy services to the victim of sexual abuse. Services would be provided at no cost to the victim.

The PREA Compliance Manager confirmed 2nd Chance, Inc. would provide outside emotional support services.

**115.321 (f)**

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

Coosa Valley Youth Services does not conduct criminal investigations. The agency has a MOU with the Anniston Police Department regarding sexual abusee allegations.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

|         |  |
|---------|--|
| 115.322 | <b>Policies to ensure referrals of allegations for investigations</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 877 499" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. CVYS Policy: Reporting of Child Abuse</li> <li>3. MOU: Anniston Police Department</li> <li>4. CVYS Website</li> <li>5. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 530 352 560"><b>Interview:</b></p> <ol data-bbox="242 564 608 593" style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> </ol> <p data-bbox="242 620 505 649"><b>Findings (By Provision):</b></p> <p data-bbox="242 654 362 683"><b>115.322 (a)</b></p> <p data-bbox="242 687 1485 745">PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 777 469 806">In the past 12 months:</p> <ol data-bbox="242 810 1147 904" style="list-style-type: none"> <li>1. The number of allegations of sexual abuse and sexual harassment that were received: 0</li> <li>2. The number of allegations resulting in an administrative investigation: 0</li> <li>3. The number of allegations referred for criminal investigation: 0</li> </ol> <p data-bbox="242 936 1437 965">Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p data-bbox="242 992 1385 1052">CVYS PREA Policy (page 10) CVYS Reporting of Child Abuse policy, PREA policy, and MOU with Anniston Police Department ensures that substantiated allegations of sexual abuse are referred for investigation.</p> <p data-bbox="242 1084 1437 1144">The Executive Director confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 1176 362 1205"><b>115.322 (b)</b></p> <p data-bbox="242 1209 1485 1303">The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p data-bbox="242 1335 1278 1364">Coosa Valley Youth Services has the investigation policy published on the website: <a href="http://www.cvys.net/">http://www.cvys.net/</a></p> <p data-bbox="242 1395 362 1424"><b>115.322 (c)</b></p> <p data-bbox="242 1429 1485 1489">If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="242 1520 1449 1581">CVYS Policy and the MOU with the Anniston Police Department describes the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="242 1612 376 1641"><b>Conclusion:</b></p> <p data-bbox="242 1646 1465 1706">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.331 | <b>Employee training</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. PREA Acknowledgement Statements</li> <li>3. PREA Training Matrix</li> <li>4. Training Curriculum</li> <li>5. Staff Training Records</li> <li>6. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.331 (a)</b></p> <p>PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p>CVYS PREA Policy (page 10) All staff must be able to fulfill his/her responsibilities under this policy. Staff must complete the PREA training modules assigned to their current position as outlined in (Attachment C) of this policy PREA Training. Staff must complete training annually.</p> <p>The auditor reviewed staff training records for 2022. Staff interviewed reported receiving the training topics annually.</p> <p><b>115.331 (b)</b></p> <p>PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>CVYS PREA Policy (page 10) Staff must complete the PREA training modules assigned to their current position as outlined in (Attachment C) of this policy PREA Training.</p> <p><b>115.331 (c)</b></p> <p>PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p>CVYS PREA Policy (pages 10-11) Staff must complete training annually. In addition to training, the PREA Compliance Manager will ensure that key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, reminders, and staff meetings.</p> <p>The auditor reviewed PREA posters, the training curricula, and staff training records for 2022.</p> <p><b>115.331 (d)</b></p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The auditor reviewed staff training records for 2022. Staff sign acknowledgement forms and training logs, indicating they have received training.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.332 | <b>Volunteer and contractor training</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. PREA Training Matrix</li> <li>3. PREA Acknowledgement Statements</li> <li>4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Volunteers or Contractors who have Contact with Residents</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.332 (a)</b></p> <p>PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 21</p> <p>CVYS PREA Policy (page 11) CVYS shall ensure that all volunteers/interns/contractors who have contact with youths have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures.</p> <p>The auditor reviewed the training curricula and found it to be inclusive of the training requirements. The auditor reviewed training records for volunteers and contractors.</p> <p>The auditor interviewed two volunteers. They both stated they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure.</p> <p><b>115.332 (b)</b></p> <p>PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>CVYS PREA Policy (page 11) The level and type of training provided to volunteers/interns/contractors is based upon the services they provide and level of contact they have with the youth. Interns/Volunteers/Contractors who provide unsupervised services to youth will receive training at the same level and method as required by staff. Volunteers/Interns/Contractors who provide services under direct supervision will be required to watch a training video to familiarize themselves with PREA requirements. All volunteers/interns/contractors will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report sexual abuse via an acknowledgment statement (Attachment A).</p> <p>The auditor interviewed two volunteers. They both reported being trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p><b>115.332 (c)</b></p> <p>PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>CVYS PREA Policy (page 11) The PREA Compliance Manager shall maintain documentation confirming the volunteers/interns/contractors understand the zero-tolerance policy training they received.</p> <p>The auditor reviewed volunteer and contractor training records with signatures acknowledging they understand the training they have received.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Interpreter Agreement: Jacksonville State University International House
3. Staff Development Training Reports
4. Resident Handbook (English and Spanish)
5. Resident PREA Handout (English and Spanish)
6. Posters (English and Spanish)
7. PREA Video
8. Juvenile PREA Intake Orientation Checklist
9. PREA Youth Acknowledgement Statement
10. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Intake Staff
2. Random Sample of Residents

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.333 (a)**

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

Of residents admitted during the past 12 months, the number who were given this information at intake: 27

CVYS PREA Policy (page 11) During the intake process, youth will receive, at a minimum, age-appropriate oral information, the PREA intake handout explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The youth will also be given a rule manual that provides additional PREA education. At the time of admission to the facility, including transfers between facilities, the youth will complete the required PREA education

The auditor observed the intake process. Residents are given a handbook and PREA handout at intake. The PREA handout instructs residents about the zero-tolerance policy and how to report sexual abuse or sexual harassment.

The auditor reviewed the Juvenile PREA Intake Orientation Checklists for 22 residents present during the 12 month audit period and residents interviewed. The checklist indicates the residents have received information on the zero-tolerance policy and how to report sexual abuse or sexual harassment as well as other helpful information.

**115.333 (b)**

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 27

CVYS PREA Policy (page 11) Within 72 hours of intake, the facility will provide comprehensive age-appropriate education to youth either in person or through the use of video. The education will also include agency policies and procedures for responding to such incidents.

Within 72 hours of intake, the youth will sign the Youth PREA Acknowledgment Statement (Attachment B). The signed statement will be placed in the youth's permanent file. A copy will be given to the PREA Compliance Manager for compliance verification.

The auditor observed the education process. Comprehensive education is provided through video and presented by staff.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education during intake.

The auditor reviewed the PREA Youth Acknowledgment Statements for 22 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents have received PREA information, watched the video, and staff have satisfactorily explained and answered any questions or concerns the residents may have. Staff sign that they have delivered the information.

**115.333 (c)**

PAQ: All residents were educated within 10 days of intake.

The Intake Staff confirmed the residents are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment. Residents receive a handbook, PREA handout, and watch a PREA video.

**115.333 (d)**

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

CVYS PREA Policy (page 7) Accommodations will be made in accordance with the Americans with Disabilities Act. Language Assistance Services will be arranged through local resources to include the International House at Jacksonville State University and the Alabama School for the Deaf and Blind to ensure that youth who are limited English proficient (LEP), deaf or disabled are able to report sexual abuse to staff directly or through non-youth interpreters. Coordination will be made with the juvenile court having jurisdiction over the youth to assist in securing a necessary accommodation or interpreter when needed.

CVYS PREA Policy (page 12) Education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Executive Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Program Manager provided an explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff would assist with reading and explaining all documents to match their level of comprehension.

The agency has an agreement for translation services with the Jacksonville State University International House. Additionally, there are staff available for translation. The auditor successfully tested the availability of Spanish language translation through the assistance of a trilingual Program Manager, fluent in English, Thai, and Spanish.

**PREA Site Review:**

The auditor observed posters available in English and Spanish. The auditor observed the PREA handout and resident handbook are available in English and Spanish.

**115.333 (e)**

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

CVYS PREA Policy (page 12) Within 72 hours of intake, the youth will sign the Youth PREA Acknowledgment Statement (Attachment B). The signed statement will be placed in the youth's permanent file. A copy will be given to the PREA Compliance Manager for compliance verification. Staff will log each youth's participation in these classes onto the shift report.

The auditor reviewed the Youth PREA Acknowledgment Statements for 83 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents have received a copy of the pamphlet, watched the video, they understand the zero-tolerance policy and know how to report.

**115.333 (f)**

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

CVYS PREA Policy (page 12) In addition to providing education sessions, the facility will ensure that key information is continuously and readily available or visible to youth through posters, student rule books, or other written formats.

The auditor observed posters (English and Spanish) posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment. The posters were in a large font and not obscured by graffiti or damaged. The posters were accurate and consistent throughout the facility. Also, the youth are given a PREA Handout and a resident handbook.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

|         |  |
|---------|--|
| 115.334 | <b>Specialized training: Investigations</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1117 499" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. PREA Training Matrix</li> <li>3. Specialized Training Curriculum: Investigating Sexual Abuse in Confinement Settings</li> <li>4. Staff Development Training Reports</li> <li>5. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 530 363 560"><b>Interviews:</b></p> <ol data-bbox="242 564 651 593" style="list-style-type: none"> <li>1. Investigative Staff (Executive Director)</li> </ol> <p data-bbox="242 620 505 649"><b>Findings (By Provision):</b></p> <p data-bbox="242 654 360 683"><b>115.334 (a)</b></p> <p data-bbox="242 687 1485 714">PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 741 1452 806">CVYS PREA Policy (page 12) The Executive Director, Assistant Director, and Program Managers will receive specialized training as required by PREA standards.</p> <p data-bbox="242 833 1436 929">The auditor interviewed the Executive Director/Investigator. He stated he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received the training required by §115.331 and completed specialized training topics.</p> <p data-bbox="242 956 1471 1021">The auditor reviewed training records indicating receipt of the annual training required by §115.331 and specialized training topics required by this standard.</p> <p data-bbox="242 1048 360 1077"><b>115.334 (b)</b></p> <p data-bbox="242 1081 1477 1178">Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 1205 1461 1404">CVYS PREA Policy (page 12) Specialized training includes case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases.</p> <p data-bbox="242 1431 1398 1496">Training is accomplished through a curriculum developed by the Moss Group. The training is available on the PREA Resource Center website. The Executive Director confirmed he has received the required training.</p> <p data-bbox="242 1523 1075 1552">The auditor reviewed training records for verification the training has been received.</p> <p data-bbox="242 1579 360 1608"><b>115.334 (c)</b></p> <p data-bbox="242 1612 1477 1677">PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 4</p> <p data-bbox="242 1704 1163 1733">CVYS PREA Policy (page 12) The agency shall maintain documentation of required training.</p> <p data-bbox="242 1760 1471 1825">The auditor reviewed training records indicating receipt of the annual training required by §115.331 and specialized training topics required by this standard.</p> <p data-bbox="242 1852 376 1881"><b>Conclusion:</b></p> <p data-bbox="242 1886 1465 1951">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.335 | <b>Specialized training: Medical and mental health care</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1098 499" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. PREA Training Matrix</li> <li>3. Specialized Training Curriculum: PREA Medical and Mental Health Care Standards</li> <li>4. Staff Development Training Reports</li> <li>5. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 528 363 557"><b>Interviews:</b></p> <ol data-bbox="242 562 643 591" style="list-style-type: none"> <li>1. Medical Staff and Mental Health Staff</li> </ol> <p data-bbox="242 620 505 649"><b>Findings (By Provision):</b></p> <p data-bbox="242 654 360 683"><b>115.335 (a)</b></p> <p data-bbox="242 687 1437 748">PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol data-bbox="242 752 1485 882" style="list-style-type: none"> <li>1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 2</li> <li>2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</li> </ol> <p data-bbox="242 911 1430 972">CVYS PREA Policy (page 12) The agency nurse and all counseling staff will receive specialized training as required by PREA standards and the agency.</p> <p data-bbox="242 1001 1386 1061">Training is accomplished through a curriculum developed by the National Commission on Correctional Health Care (NCCHC). The training curriculum is available on the PREA Resource Center website.</p> <p data-bbox="242 1090 1485 1151">Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment.</p> <p data-bbox="242 1180 1254 1209">The auditor reviewed the staff development training reports for verification training has been received.</p> <p data-bbox="242 1238 363 1267"><b>115.335 (b)</b></p> <p data-bbox="242 1272 1453 1332">PAQ: CVYS does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p data-bbox="242 1361 1449 1391">Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the facility.</p> <p data-bbox="242 1420 363 1449"><b>115.335 (c)</b></p> <p data-bbox="242 1453 1414 1514">PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p data-bbox="242 1543 987 1572">CVYS PREA Policy (page 12) All specialized trainings will be documented.</p> <p data-bbox="242 1601 1217 1630">The auditor reviewed the staff development training reports for verification training is documented.</p> <p data-bbox="242 1659 363 1688"><b>115.335 (d)</b></p> <p data-bbox="242 1693 1461 1753">Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.</p> <p data-bbox="242 1783 783 1812">Medical and mental health staff are CVYS employees.</p> <p data-bbox="242 1841 376 1870"><b>Conclusion:</b></p> <p data-bbox="242 1874 1466 1935">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p> |



115.341

**Obtaining information from residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Screening for Vulnerability to Victimization and Sexually Aggressive Behavior
3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. Vulnerability Assessment Instrument (September 16, 2022)
2. Risk Reassessments (September 16, 2022)

**Interviews:**

1. PREA Coordinator
2. PREA Compliance Manager
3. Staff Responsible for Risk Screening
4. Random Sample of Residents

**Findings (By Provision):**

**115.341 (a)**

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 27
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 73%

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

CVYS PREA Policy (page 12) At the time of a youth's admission to a CVYS program, including transfers between CVYS programs, and every six months after intake while in the facility, the youth will complete the required Screening for Vulnerability to Victimization and Sexually Aggressive Behavior.

The Staff Responsible for Risk Screening confirmed he screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated he screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and reviewing other documents when available. Resident's risk levels are reassessed at six-month intervals.

Nine residents were interviewed with the resident interview questionnaire. Residents who entered the facility after the newly implemented risk screening tool confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you have any disabilities?
4. Do you think you might be in danger of sexual abuse at the facility?

The auditor reviewed twelve risk screens and reassessments for residents interviewed and for the twelve-month audit period. Of the risk screens reviewed, all were completed within 72 hours of their intake.

Reassessments were implemented as part of corrective action.

**115.341 (b)**

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

The auditor observed the objective screening instrument developed and implemented September 16, 2022.

**115.341 (c)**

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior and found it not to be inclusive of the required information. The following criteria was missing:

- 1. Staff observation of any gender nonconforming appearance or manner
- 2. Identification as lesbian, gay, bisexual, transgender, or intersex (A checklist is suggested)
- 3. Current charges and offense history
- 4. Level of emotional and cognitive development
- 5. Physical size and stature
- 6. Mental illness or mental disabilities
- 7. Intellectual or developmental disabilities
- 8. Physical disabilities
- 9. The resident's own perception of vulnerability

Through corrective action, the agency developed a risk screening instrument, that is inclusive of all criteria required by the standard provision. The Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior was implemented September 16, 2022.

The auditor reviewed completed risk screens, demonstrating the newly developed risk tool has been implemented.

**115.341 (d)**

CVYS PREA Policy (page 13) During intake and at all subsequent reassessments throughout a youth's time in a CVYS program, the staff will obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a youth. The assessment information may be obtained from the following assessments or screening instruments:

- Intake information provided by the Juvenile Court;
- Intake screening/Processing;
- Medical Screenings;
- Education Screenings; and
- Counselor's Intake

The interview with the Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with the residents using the risk screening tool. Other assessments and records are referred to when available.

**115.341 (e)**

The agency shall implement 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.

The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

**115.341 (a)**

Risk reassessments were implemented (September 16, 2022).

**115.341 (c)**

The agency developed and implemented a risk screening instrument, that is inclusive of all criteria, the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior (September 16, 2022).

|         |   |
|---------|---|
| 115.342 | <b>Placement of residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="244 304 376 331"><b>Documents:</b></p> <ol data-bbox="244 338 879 432" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Special Management Plan</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="244 463 363 490"><b>Interviews:</b></p> <ol data-bbox="244 497 1294 790" style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Staff Responsible for Risk Screening</li> <li>5. Staff who Supervise Residents in Isolation (N/A)</li> <li>6. Medical Staff</li> <li>7. Mental Health Staff</li> <li>8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none</li> <li>9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents</li> </ol> <p data-bbox="244 822 528 848"><b>Site Review Observations:</b></p> <p data-bbox="244 855 761 882">Observations during on-site review of physical plant</p> <p data-bbox="244 913 507 940"><b>Findings (By Provision):</b></p> <p data-bbox="244 947 363 974"><b>115.342 (a)</b></p> <p data-bbox="244 981 1412 1041">PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="244 1072 1453 1198">CVYS PREA Policy (page 13) Youth will be housed based upon his/her assessment/screening conducted at the time of intake or admission to the facility. Housing assignments will not be based solely on a youth’s sexual orientation or gender identity. Housing, program, and education assignments are based on information obtained from assessments/screenings. CVYS makes individualized determinations about how to ensure the safety of each youth.</p> <p data-bbox="244 1229 1479 1323">The PREA Compliance Manager discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse to ensure that youth are not placed in a room with another youth that may or may not have also suffered from sexual abuse. The counselor also uses the information to help in counseling.</p> <p data-bbox="244 1355 1490 1449">The Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment through room placement, single or double room status, and the creation of a Special Management Plan.</p> <p data-bbox="244 1480 363 1507"><b>115.342 (b)</b></p> <p data-bbox="244 1514 1461 1671">PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p data-bbox="244 1702 469 1729">In the past 12 months:</p> <ol data-bbox="244 1736 1482 1892" style="list-style-type: none"> <li>1. The number of residents at risk of sexual victimization who were placed in isolation: 0</li> <li>2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0</li> <li>3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A</li> </ol> <p data-bbox="244 1924 584 1951">The facility does not use isolation.</p> <p data-bbox="244 1982 363 2009"><b>115.342 (c)</b></p> <p data-bbox="244 2016 1485 2110">PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> |

CVYS PREA Policy (pages 13-14) Lesbian, gay, bisexual, transgender, or intersex youth will not be placed in a particular housing, bed, or other assignment solely on the basis of such identification or status. The agency will not consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of a greater likelihood the person would be sexually abusive.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

Two residents identified as bi-sexual. The residents confirmed they were not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

**115.342 (d)**

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

CVYS PREA Policy (page 14) In deciding whether to assign a transgender or intersex youth to a male or female wing in the Secure Detention program, CVYS will consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems.

The PREA Compliance Manager confirmed housing and programming assignments for transgender male, transgender female, or intersex residents are made 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.

**115.342 (e)**

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

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

**115.342 (f)**

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

CVYS PREA Policy (page 14) A transgender or intersex youth's own views, with respect to his or her safety, will be given consideration in the making of housing assignments.

The PREA Compliance Manger confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

**115.342 (g)**

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

CVYS PREA Policy (page 14) Transgender and intersex youth will be given the opportunity to shower separately from other youth.

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

No residents identified as transgender or intersex during the onsite phase of the audit.

Site Review: The auditor observed residents shower individually in the privacy of a single bathroom with a door.

**115.342 (h)**

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

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

The facility does not use isolation.

**115.342 (i)**

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30

days to determine whether there is a continuing need for separation from the general population.

The facility does not use isolation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Posters
3. Juvenile PREA Intake Orientation Checklist
4. PREA Youth Acknowledgement Statement
5. PREA Staff/Volunteer/Contractors/Interns Acknowledgement Statement
6. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. PREA Compliance Manager
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse (none)

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.351 (a)**

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

CVYS PREA Policy (pages 14-15) CVYS programs and offices will provide easily understood, private, and secure methods for youth to report sexual abuse, retaliation by other youth or staff for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. Youth may report sexual abuse or seek relief against retaliation by:

- a. Filing a grievance;
- b. Dropping a note in the Program Manager's Box;
- c. Telling a counselor, teacher, medical staff, Program Manager, Assistant Director, Director, Parent/Guardian, Volunteer/Intern, Preacher/Minister, or any trusted adult;
- d. Calling the Assistant Director number posted on facility PREA posters (Automated access available on Silver Phones)

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

The auditor observed posters in English and Spanish. The posters were in a large font and not obscured by graffiti or damaged. The posters are located throughout the facility, including next to the telephones. The posters include internal and external reporting methods. The auditor successfully tested the internal reporting methods by calling the telephone number provided for the Assistant Director/PREA Coordinator, and through filing a grievance.

**115.351 (b)**

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

CVYS PREA Policy (page 15) Each CVYS program will provide a means for youth to report sexual abuse and/or sexual harassment to an outside entity.

CVYS shall give youth mailing addresses and telephone numbers (including toll-free numbers), when available, for immigrant services' agencies for youth detained solely for civil immigration purposes and enable communication between youth and the agency in as confidential a manner as possible, and upon approval of the court having jurisdiction over the youth.

The auditor successfully tested the external reporting method by calling the telephone number provided for the Alabama Department of Youth services Sexual Abuse Hotline.

The auditor observed residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials regarding immigration services. This information is included on the 2nd Chance poster.

The PREA Compliance Manager stated residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. They can call the DYS hotline or their probation officer. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

**115.351 (c)**

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: by end of shift, but not to exceed 24 hours

CVYS PREA Policy (page 15) CVYS programs and offices shall use the CVYS PREA Incident Report as the official written reporting process for any type of sexual abuse, to include accepting reports of sexual assault made verbally, in writing, anonymously, and from third parties. All reports of sexual assault and harassment will be documented on a PREA Incident Report for record and data collection purposes. The PREA Incident Report must be submitted to their assigned program manager, prior to the staff member receiving the report exiting their shift, not to exceed 24 hours.

Staff interviewed confirmed verbal reports would be documented immediately, but not more than 24 hours.

**115.351 (d)**

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

The PREA Compliance Manager confirmed writing tools and paper are provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed a locked grievance box and grievance forms were available.

**115.351 (e)**

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: policy, training, etc.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline, writing a grievance, or privately meeting with the Program Manager.

The auditor successfully tested staff reporting by calling the DYS hotline.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.



|         |  |
|---------|--|
| 115.352 | <b>Exhaustion of administrative remedies</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. CVYS Policy: Grievance Procedures</li> <li>3. Grievance Form</li> <li>4. Resident Handbook</li> <li>5. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <p>Residents who Reported a Sexual Abuse - None present</p> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.352 (a)</b></p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>CVYS PREA Policy (page 15) CVYS programs will use the grievance process as an administrative procedure to address youth allegations of sexual abuse.</p> <p>The auditor reviewed the Resident Handbook and verified relevant information is provided. Additionally, the auditor observed grievance forms are available without being requested. They are placed in a locked grievance box that is checked daily.</p> <p><b>115.352 (b)</b></p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>CVYS PREA Policy (page 16) CVYS programs will not impose a time on when a youth may submit a grievance regarding an allegation of sexual abuse.</p> <p>The auditor reviewed the Resident Handbook and verified relevant information is provided.</p> <p><b>115.352 (c)</b></p> <p>PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>CVYS PREA Policy (page 16) Youth who allege sexual abuse against a CVYS staff member may submit a grievance without submitting it to a staff who is the subject of the complaint. Such grievance will not be referred to a staff member who is the subject of the complaint for handling the complaint.</p> <p>The auditor reviewed the Resident Handbook and verified relevant information is provided.</p> <p><b>115.352 (d)</b></p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The total time between the discovery of the grievance and the disposition cannot exceed 25 days.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of grievances that were filed that alleged sexual abuse: 0</li> <li>2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0</li> <li>3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0</li> </ol> <p>CVYS PREA Policy (page 15) Coosa Valley Youth Services will provide a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Emergency grievances alleging substantial risk of imminent sexual abuse required that a final agency decision be issued within five (5) days.</p> <p><b>115.352 (e)</b></p> <p>PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members,</p> |

attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

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

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

The auditor observed the grievance form allows residents to check a box if they need help writing the grievance.

**115.352 (f)**

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

CVYS PREA Policy (page 15) Youths will be informed on the grievance form that if they feel they are in imminent danger of sexual abuse, they should file an emergency grievance by reporting this verbally or in writing to an on-duty staff member who they trust. If a youth reports a substantial risk of imminent danger of sexual abuse to a staff member, the staff member shall take steps to ensure the immediate safety of the youth (through enhanced staff supervision and/or segregation of the youth and the potential abuser), and thereafter contact the on-call person for the facility and report this.

The auditor observed the grievance form instructs residents if they are in immediate danger, they can file an emergency grievance by informing staff verbally or in writing.

**115.352 (g)**

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

CVYS PREA Policy (page 15) CVYS will not discipline a youth for filing a grievance alleging sexual abuse unless the administration determines that the youth filed the grievance in bad faith.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353

**Resident access to outside confidential support services and legal representation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Poster: 2nd Chance
3. MOU: 2nd Chance, Inc.
4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. 2nd Chance Poster Updated (September 16, 2022)
2. Resident Intake Materials Updated (October 18, 2022)

**Interviews:**

1. Superintendent of Designee (Program Manager)
2. PREA Compliance Manager
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse - none

**Findings (By Provision):**

**115.353 (a)**

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

CVYS PREA Policy (page 16) CVYS will offer youth access to outside victim advocates for emotional support services related to sexual abuse through coordinated efforts between juvenile courts, administration, and counseling staff. CVYS maintains relationships with several local service providers to ensure youth have access to necessary services and advocates.

A telephone number for outside victim advocate services for emotional support related to sexual abuse is included in the 2nd Chance Poster. Through corrective action, the facility updated the poster to also include a mailing address.

The auditor observed residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials regarding immigration services. This information is included on the 2nd Chance poster.

Interviews revealed some residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it, whereas others were less knowledgeable of the services.

As part of corrective action, the facility updated the intake process to include information about the services.

**PREA Site Review:** The auditor observed 2nd Chance posters were placed throughout the facility, including next to telephones. The information was presented in an easy to read, large font. The auditor tested the telephones. Calls could be made to 2nd Chance.

**115.353 (b)**

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

As part of corrective action, the facility updated the 2nd Chance posters. The information informs residents they will be able to have private, confidential communication with 2nd Chance. The information informs residents of the associated mandatory reporting rules.

**115.353 (c)**

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

maintains copies of those agreements.

CVYS PREA Policy (page 16) CVYS has established an agreement with 2nd Chance to provide Crisis Intervention/Counseling and Advocacy Support Services.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with 2nd Chance. The auditor contacted 2nd Chance and confirmed victim advocacy is available to the youth at the facility.

**115.353 (d)**

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

CVYS PREA Policy (page 16) CVYS provides youth with reasonable and confidential access to their attorneys, Juvenile Probation Officers, and other legal representation and reasonable access to parents/guardians as outlined in program manuals (Visitation, Access to mail, Home Passes, Special Visitation, Phone Calls), and as approved by the court having jurisdiction over the youth.

The Program Manager/PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

**115.353 (a)**

The facility updated the 2nd Chance poster to include a mailing address.

To improve awareness of the availability of outside support services related to sexual abuse, the facility updated the intake materials to include information about 2nd Chance.

**115.353 (b)**

The facility updated the 2nd Chance poster. The information informs residents they will be able to have private, confidential communication with 2nd Chance. The information informs residents of the associated mandatory reporting rules.

|         |   |
|---------|---|
| 115.354 | <b>Third-party reporting</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 879 465" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Posters</li> <li>3. Website</li> <li>4. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 495 341 521"><b>§115.354</b></p> <p data-bbox="240 528 1477 555">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="240 584 820 611">CVYS PREA Policy (page 16) Third-parties can report by:</p> <ol data-bbox="240 618 1477 712" style="list-style-type: none"> <li>a. Calling the Assistant Director's number listed on PREA posters and listed on acknowledgment forms. (Automated access via silver phones)</li> <li>b. Notifying any staff member or administrator verbally, in writing, or by phone.</li> </ol> <p data-bbox="240 741 1382 804">Third-party reporting methods are published on posters in the facility and on the agency's website at:<br/> <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a>. Reporters are instructed to call or email the Assistant Director/PREA Coordinator.</p> <p data-bbox="240 833 1366 860">The auditor tested third-party reporting by calling the number provided. The call was responded to the same day.</p> <p data-bbox="240 889 376 916"><b>Conclusion:</b></p> <p data-bbox="240 922 1477 985">Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.361 | <b>Staff and agency reporting duties</b> |
|---------|--|

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. CVYS Policy: Reporting of Child Abuse
3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Superintendent or Designee (Program Manager)
2. PREA Compliance Manager
3. Random Sample of Staff
4. Medical and Mental Health Staff

**Findings (By Provision):**

**115.361 (a)**

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CVYS PREA Policy (page 17) CVYS requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse that occurred in a CVYS facility and/or any retaliation against a youth or staff who reported such an incident.

Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

**115.361 (b)**

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

CVYS Reporting of Child Abuse Policy (page 1) It is the policy of CVYS to adhere to the mandates of Alabama Code Title 26, Chapter 14, Sections 1 through 13, which cover the reporting of child abuse or neglect. This policy requires all employees to report any, and all allegations made by a youth and/or any suspected cases of child abuse or neglect to a duly constituted authority.

Staff interviews confirmed they are aware of Alabama laws related to mandatory reporting of sexual abuse.

**115.361 (c)**

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

CVYS PREA Policy (page 17) All staff members are required to report sexual abuse and sexual harassment to their designated supervisors and all staff are prohibited from revealing any information related to a sexual abuse/harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Staff interviewed were knowledgeable that policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

**115.361 (d)**

The nurse and counselor stated they disclose the limitations of confidentiality and the duty to report, at the initiation of services to a resident. They stated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They stated they have not become aware of such incidents.

**115.361 (e)**

CVYS PREA Policy (page 17) Upon receiving any allegation of sexual abuse, the Executive Director will make follow-up

contact with the appropriate agencies or make Mandated Report if not already reported. The Executive Director will also contact the alleged victim's Juvenile Probation Officer, Alabama Department of Youth Services (DYS), and parents/guardians unless officially instructed by the court having jurisdiction over the youth that the parents/guardians should not be notified.

The Program Manager/PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, the facility will follow the reporting of child abuse policy and notify the proper agency. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the case worker. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record within 24 hours.

**115.361 (f)**

CVYS PREA Policy (page 10) CVYS will investigate all allegations of sexual abuse and sexual harassment on CVYS property or in CVYS programs, including third-party and anonymous reports. All substantiated reports of sexual abuse will be reported for outside investigation.

The Program Manager confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to designated facility investigators.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

|         |  |
|---------|--|
| 115.362 | <b>Agency protection duties</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. Superintendent or Designee (Program Manager)</li> <li>3. Random Sample of Staff</li> </ol> <p><b>Findings:</b></p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>CVYS PREA Policy (page 17) Each program will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment.</p> <p>CVYS requires staff to take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff. Programs will employ multiple protection measures including housing/wing changes, Special Management Plans, or making transfer arrangements with juvenile courts for youth victims or abusers.</p> <p>The Executive Director confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include immediately separating the youth from the source of the risk via a Special Management Plan (SMP) and monitoring the resident for retaliation.</p> <p>The Program Manager confirmed a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions including creating a Special Management Plan as needed for residents that are subject to a substantial risk of sexual abuse. In addition to the Special Management plan all youth admitted to the Attention Home are grouped with residents that are in the same age group, vulnerability and "fit" are taken into consideration when room placement is discussed.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p> |



|         |   |
|---------|---|
| 115.363 | <b>Reporting to other confinement facilities</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 427 363 456"><b>Interviews:</b></p> <ol data-bbox="242 461 751 521" style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. Superintendent or Designee (Program Manager)</li> </ol> <p data-bbox="242 551 507 580"><b>Findings (By Provision):</b></p> <p data-bbox="242 584 363 613"><b>115.363 (a)</b></p> <p data-bbox="242 618 1493 748">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="242 777 1458 837">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p data-bbox="242 866 1493 996">CVYS PREA Policy (page 17) Upon receiving an allegation that a youth was sexually abused while in a facility or program prior to arrival at CVYS, the Executive Director will notify the Director or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours. This notification may be withheld or delayed if the Director of the other facility has been accused of an active or implicit role in the abuse allegation.</p> <p data-bbox="242 1025 363 1055"><b>115.363 (b)</b></p> <p data-bbox="242 1059 1473 1120">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1149 1339 1178">CVYS PREA Policy (page 17) The notification would be made as soon as possible, but no later than 72 hours.</p> <p data-bbox="242 1207 363 1236"><b>115.363 (c)</b></p> <p data-bbox="242 1240 1425 1270">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="242 1299 1206 1328">CVYS PREA Policy (page 17) CVYS will document that it has provided the required notifications.</p> <p data-bbox="242 1357 363 1386"><b>115.363 (d)</b></p> <p data-bbox="242 1391 1477 1485">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1514 1310 1543">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="242 1572 1458 1632">CVYS PREA Policy (page 17) The Executive Director will also notify The Alabama Department of Youth Services, and the alleged victim's juvenile probation officer.</p> <p data-bbox="242 1662 1445 1722">The Executive Director confirmed the receiving facility director would notify the facility director where the alleged incident occurred, report the allegation for investigation, and document.</p> <p data-bbox="242 1751 1497 1845">The Program Manager stated that in the event that this facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in this facility, it would be investigated, and the agency would provide any information that would be needed to complete the investigation.</p> <p data-bbox="242 1874 376 1904"><b>Conclusion:</b></p> <p data-bbox="242 1908 1466 1971">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.364 | <b>Staff first responder duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 331"><b>Documents:</b></p> <ol data-bbox="242 338 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 432 363 459"><b>Interviews:</b></p> <ol data-bbox="242 465 679 557" style="list-style-type: none"> <li>1. Staff First Responders</li> <li>2. Random Sample of Staff</li> <li>3. Residents who Reported a Sexual Abuse</li> </ol> <p data-bbox="242 591 505 618"><b>Findings (By Provision):</b></p> <p data-bbox="242 624 360 651"><b>115.364 (a)</b></p> <p data-bbox="242 658 1490 1016">PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="242 1050 1114 1077">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="242 1084 451 1111">Of these allegations:</p> <ol data-bbox="242 1117 1490 1476" style="list-style-type: none"> <li>1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0</li> <li>2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</li> <li>3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0</li> <li>4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</li> <li>5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</li> </ol> <p data-bbox="242 1509 1458 1601">CVYS PREA Policy (page 18) The staff member receiving sexual abuse information will immediately refer the youth to the agency nurse for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation.</p> <p data-bbox="242 1635 959 1662">The first direct care staff member to respond to the report is required to:</p> <ol data-bbox="242 1668 1458 1827" style="list-style-type: none"> <li>a. Separate the alleged victim and perpetrator</li> <li>b. Preserve and protect any incident scene until appropriate steps can be taken to collect any evidence.</li> <li>c. Request the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure that the alleged abuser not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.</li> </ol> <p data-bbox="242 1861 1474 1917">Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p data-bbox="242 1951 360 1977"><b>115.364 (b)</b></p> <p data-bbox="242 1984 1433 2040">PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol data-bbox="242 2047 1158 2107" style="list-style-type: none"> <li>1. Request that the alleged victim not take any actions that could destroy physical evidence.</li> <li>2. Notify security staff.</li> </ol> <p data-bbox="242 2141 1474 2168">Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff</p> |

member was the first responder: 0

CVYS PREA Policy (page 18) If the first staff responder is a non-direct care staff member, he or she is required to instruct the alleged victim and perpetrator not to take any actions that could destroy physical evidence and then immediately notify direct care staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action has been completed.

|         |  |
|---------|--|
| 115.365 | <b>Coordinated response</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Agency Coordinated Response to a Sexual Assault Incident</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> </ol> <p><b>Findings:</b></p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CVYS PREA Policy (pages 18-19) All CVYS programs and staff will follow the guidelines of the Agency Coordinated Response to a Sexual Assault Incident to respond to all sexual assault incidents.</p> <p>The Executive Director and Assistant Director will be notified of all allegations of sexual assault and sexual harassment. In the cases of alleged sexual assault, the mandated report will notify law enforcement who will conduct the investigation in accordance with local, state and federal law. The Executive Director will make follow-up contact with law enforcement to assist and cooperate with the investigation. In cases other than alleged sexual assault, the Executive Director and Assistant Director will carry out the internal investigation directly or through assigned supervisory level administrators.</p> <p>The Agency-wide PREA Coordinator (Assistant Director) will be notified of all PREA related incidents as part of the coordinated response. The PREA Compliance Managers and Agency-wide PREA Coordinator are notified via email of any PREA call made on the NCIC telephone system (NCIC phone system at detention and Lewis Academy only).</p> <p>The Executive Director and Assistant Director will review incidents and make a determination regarding the immediate and critical need for additional services. Services will be rendered based on the nature and circumstances surrounding the allegation.</p> <p>Medical and counseling staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse.</p> <p>The auditor interviewed the Program Manager. The Program Manager stated the facility would follow the coordinated response plan when responding to a PREA incident.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.366 | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.366 (a)</b></p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Executive Director confirmed CVYS has not entered into or renewed any collective bargaining agreements.</p> <p><b>115.366 (b)</b></p> <p>The Executive Director confirmed CVYS has not entered into or renewed any collective bargaining agreements.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.367 | <b>Agency protection against retaliation</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 879 432" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. CVYS Personnel Policy: Harassment</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 584 488"><b>Documents (Corrective Action):</b></p> <ol data-bbox="240 495 756 555" style="list-style-type: none"> <li>1. Protections Against Retaliation Form (9/16/2022)</li> <li>2. Retaliation Monitoring plan of Action (9/16/2022)</li> </ol> <p data-bbox="240 584 363 611"><b>Interviews:</b></p> <ol data-bbox="240 618 1091 745" style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. Superintendent or Designee (Program Manager)</li> <li>3. Designated Staff Member Charged with Monitoring Retaliation (Executive Director)</li> <li>4. Residents who Reported a Sexual Abuse - none present</li> </ol> <p data-bbox="240 775 507 801"><b>Findings (By Provision):</b></p> <p data-bbox="240 808 363 835"><b>115.367 (a)</b></p> <p data-bbox="240 842 1474 902">PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="240 931 1294 958">The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="240 965 616 992">Jason Granholm - Executive Director</p> <p data-bbox="240 999 549 1025">Leisa Cole - Assistant Director</p> <p data-bbox="240 1032 603 1059">Amanda Akhtar - Program Manager</p> <p data-bbox="240 1088 1481 1182">CVYS PREA Policy (page 19) The Executive Director, Assistant Director, Program Managers, and their supervisors will take steps to ensure that youth or staff alleging or reporting sexual abuse and sexual harassment are not victims of any form of retaliation.</p> <p data-bbox="240 1211 363 1238"><b>115.367 (b)</b></p> <p data-bbox="240 1245 1422 1305">CVYS PREA Policy (page 19) Special Management Plans will be utilized to protect residents from contact with alleged abusers.</p> <p data-bbox="240 1335 1474 1429">CVYS PREA Policy (page 20) Upon returning from the emergency room, the program manager will make a housing assessment and develop a housing plan to ensure the alleged victim and alleged perpetrator do not have contact with each other. The safety, security, and wellbeing of the alleged victim will be primary in these decisions.</p> <p data-bbox="240 1458 1461 1518">The auditor interviewed the Executive Director. The Executive Director stated the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through special management plans and monitoring.</p> <p data-bbox="240 1547 1493 1709">The auditor interviewed the Program Manager. The Program Manager described the different measures that would be taken to protect residents and staff from retaliation. The facility would keep staff and youth separated in the event that allegations of sexual abuse or sexual harassment is made. Staff would be placed on leave and possibly face disciplinary sanctions, including termination. Youth could be transferred, removed from the program, and possibly face disciplinary sanctions. Monitoring will be completed by program manager and supervisors.</p> <p data-bbox="240 1738 1461 1933">The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation (Executive Director). The Executive Director stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes overseeing efforts. He would assign an administrator to monitor, document on the agency form, and receive feedback on efforts from the assigned administrator. He stated he would initiate contact with residents who have reported sexual abuse during administrative investigations and periodically while they are in custody.</p> <p data-bbox="240 1962 1461 2022">There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.</p> <p data-bbox="240 2074 363 2101"><b>115.367 (c)</b></p> <p data-bbox="240 2107 1453 2134">PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of</p> |

residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

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

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

CVYS PREA Policy (page 19) PREA Compliance Managers and Supervisors will monitor for possible retaliation for a minimum of 90 days.

The Program Manager stated measures she would take when he suspects retaliation would be to check records for indications of unfair treatment and monitor the staff/youth to identify any signs of retaliation. Periodic check checks will also be conducted with the staff/youth.

The Executive Director stated things he looks for and monitors to detect possible retaliation includes unfair treatment, unwarranted disciplinary actions, exclusion from activities, negative performance reviews, etc. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for a minimum of 90 days, but longer if necessary. There is not a maximum amount of time. Monitoring would continue if circumstances warranted it, on a case-by-case basis.

**115.367 (d)**

As part of corrective action, the agency implemented the Protections Against Retaliation Form and provided a plan of action (9/16/2022). The form documents weekly status checks.

The Executive Director stated monitoring in the form of periodic status checks occurs for a minimum of 90 days, but longer if necessary.

The auditor reviewed the Protections Against Retaliation Form to verify retaliation monitoring would be documented according to the standard requirements.

**115.367 (e)**

The Executive Director stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation. Special Management plans are created when necessary. There is also a record created to document retaliation monitoring activities. An administrator and/or supervisor is assigned to monitor for a minimum of 90 days.

The Program Manager confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through separation, transfers, administrative leave, and monitoring.

**115.367 (f) N/A**

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. Corrective action is complete.

**115.367 (d)**

The agency implemented the Protections Against Retaliation Form and provided a plan of action for compliance with the standard (9/16/2022).

|         |  |
|---------|--|
| 115.368 | <b>Post-allegation protective custody</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 333"><b>Documents:</b></p> <ol data-bbox="240 338 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 432 352 461"><b>Interview:</b></p> <ol data-bbox="240 465 751 495" style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> </ol> <p data-bbox="240 521 347 551"><b>Findings:</b></p> <p data-bbox="240 555 1465 651">PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p data-bbox="240 678 1449 707">The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p data-bbox="240 734 1481 931">CVYS PREA Policy (page 20) Upon returning from the emergency room, the program manager will make a housing assessment and develop a housing plan to ensure the alleged victim and alleged perpetrator do not have contact with each other. The safety, security, and wellbeing of the alleged victim will be primary in these decisions. Information obtained from the health authority and counseling staff will be utilized in these decisions. In cases where program design is not conducive, the juvenile court having jurisdiction over the alleged victim or perpetrator may be contacted to assist by moving either youth to another location or facility. The alleged victim will not be housed in the same area as the alleged perpetrator.</p> <p data-bbox="240 958 1477 987">The Program Manager confirmed the facility would not use isolation for residents who allege to have suffered sexual abuse.</p> <p data-bbox="240 1014 376 1043"><b>Conclusion:</b></p> <p data-bbox="240 1048 1469 1108">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p> |



**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

- 1. CVYS PREA Policy (revised 8/2022)
- 2. MOU: Anniston Police Department
- 3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

- 1. Superintendent or Designee (Program Manager)
- 2. PREA Coordinator
- 3. PREA Compliance Manager
- 4. Investigative Staff
- 5. Residents who Reported a Sexual Abuse

**Findings (By Provision):**

**115.371 (a)**

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

CVYS PREA Policy (page 20) Coosa Valley Youth Services will investigate all instances of sexual abuse and harassment. Cases involving sexual abuse will be reported to law enforcement in accordance with Coosa Valley Youth Services' Reporting of Child Abuse policy. Criminal investigations will be conducted by law enforcement. Coosa Valley Youth Services will cooperate with criminal investigations.

The auditor interviewed the Investigative Staff (Executive Director). The Executive Director reported an investigation following an allegation of sexual abuse or sexual harassment is initiated within 24 hours. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.

**115.371 (b)**

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

CVYS PREA Policy (page 12) The Executive Director, Assistant Director, and Program Managers will receive specialized training as required by PREA standards. Specialized training includes case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. The agency shall maintain documentation of required training.

The auditor reviewed annual training required by § 115.331 and specialized training topics. The training was completed by the Program Manager.

The Executive Director stated he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He confirmed receiving the specialized topics required by the standard provision.

**115.371 (c)**

CVYS PREA Policy (page 20) The Executive Director or designee (at the Program Manager level or above) is responsible for conducting internal administrative investigations of sexual abuse / sexual harassment. In cases of alleged sexual abuse, once physical evidence has been preserved by the first responder, CVYS staff should avoid handling it to prevent damaging the evidence. Forensic evidence will be collected by law enforcement or by trained forensic medical examiner (SAFE/SANE) as appropriate.

The facility does not conduct criminal investigations. The Executive Director stated the first steps in initiating an investigation is to assign an investigator. The investigation would then proceed with identifying and preserving any evidence, including written statements, camera footage, physical evidence, etc. The investigative process would begin with reviewing the written report of the allegation to determine victim, perpetrator, witnesses, and staff on duty. Camera footage for the date and time of the alleged incident will be preserved, and any other evidence will be identified and preserved. The victim, perpetrator, staff on duty, and witnesses will be interviewed. Once all interviews and evidence has been collected, the investigator, if not the Executive Director, will produce a report providing a synopsis of the investigation. The Executive Director and other key

administrators will discuss and review the investigation report and collected evidence. A preponderance of evidence rule is used to determine if the report is substantiated. If the substantiated incident is criminal in nature and already not reported to law enforcement for investigation, it will be reported. Direct and circumstantial evidence that would be gathered in an investigation of an incident of sexual abuse would include camera footage, statements, etc. Facility investigators are not trained to collect physical and DNA evidence. In cases of sexual assault, this would be done by a SANE/SAFE outside of the agency.

There were no criminal investigation reports.

**115.371 (d)**

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

The Executive Director confirmed an investigation does not terminate if the source of the allegation recants his/her allegation.

**115.371 (e)**

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

The Executive Director confirmed the agency does not conduct compelled interviews. This would be done by law enforcement during criminal investigations.

**115.371 (f)**

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

The Executive Director stated he judges the credibility of an alleged victim, suspect, or witness based on facts, without prejudice. A preponderance of evidence is used to determine administrative investigation outcomes. He confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

There were no residents who reported a sexual abuse.

**115.371 (g)**

The Executive Director stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing evidence and mitigating factors that are a part of the investigation. If staff actions or failures to act contributed directly or indirectly, they will be addressed in accordance with CVYS policies. He confirmed administrative investigations are documented and they include investigation steps, evidence, statements, outcome, and follow up actions.

**115.371 (h)**

Criminal investigations are conducted by the Anniston Police Department. Police reports would be documented written reports that contain a thorough description of physical, testimonial, and documentary evidence.

**115.371 (i)**

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

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

The Anniston Police Department would refer substantiated allegations that appear to be criminal for prosecution.

**115.371 (j)**

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

CVYS PREA Policy (page 20) The agency internal administrative investigator will produce a final investigative report to the Executive Director within 72 hours of being assigned to the investigation. A copy of this report will be provided to the agency wide PREA Coordinator.

There were no investigation reports.

**115.371 (k)**

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

The Executive Director stated an investigation would not be impacted when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation, the investigation would not be impacted.

**115.371 (m)**

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

The Facility Director confirmed if an outside agency investigates allegations of sexual abuse, the Executive Director is primary point of contact, and the agency would cooperate. The PREA Coordinator stated CVYS has a great relationship with local law enforcement and an agreement is in place that the agency will be made aware of the progress and outcome. The PREA Compliance Manager/Program manager stated an outside agency would keep the facility informed on any findings as well as any updates as soon as those results were available. The facility requests to be updated and communication documented. Follow up would be as needed.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

|         |   |
|---------|---|
| 115.372 | <b>Evidentiary standard for administrative investigations</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p><b>Findings:</b></p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Executive Director confirmed compliance with the standard.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Juvenile Notification of Investigative Outcome Form
3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Superintendent or Designee (Program Manager)
2. Investigative Staff (Executive Director)
3. Residents who Reported a Sexual Abuse - none

**Findings (by provision):**

**115.373 (a)**

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

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0

CVYS PREA Policy (page 21) Following an investigation into a youth's allegation of sexual abuse / sexual harassment, the Executive Director will inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

The auditor interviewed the Program Manager. The Program Manager confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The auditor interviewed the Investigative Staff (Executive Director). The Executive Director confirmed he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification residents would be informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

**115.373 (b)**

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

In the past 12 months:

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

CVYS PREA Policy (page 21) CVYS will request the relevant information from the investigative entity in order to inform the youth of the outcome of the investigation.

**115.373 (c)**

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

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

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff

member against a resident in the past 12 months.

CVYS PREA Policy (page 21) Following a youth's allegation that a staff member has committed sexual abuse against the resident, the agency subsequently informs the youth (unless the investigation has determined that the allegation is unfounded) whenever 1) the staff member is no longer posted within the youth's residential area, 2) the staff member is no longer employed at the facility, 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency, or 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The notification of the youth to any of these details will be documented in the youth's file upon occurrence.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

**115.373 (d)**

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

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

CVYS PREA Policy (page 21) Following a youth's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever 1) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or 2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

**115.373 (e)**

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 0
2. The number of those notifications that were documented: 0

CVYS PREA Policy (page 21) The notification of the youth to any of these details will be documented in the youth's file upon occurrence.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents described under this standard would be documented.

**115.373 (f)**

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

|         |  |
|---------|--|
| 115.376 | <b>Disciplinary sanctions for staff</b>  |
|         | <p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 302"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 336 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 427 504 459"><b>Findings (by provision):</b></p> <p data-bbox="240 461 360 488"><b>115.376 (a)</b></p> <p data-bbox="240 492 1445 555">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 584 1466 647">CVYS PREA Policy (page 22) Staff will be subject to disciplinary sanctions up to and including termination and prosecution for violating agency sexual abuse and sexual harassment policies.</p> <p data-bbox="240 676 360 703"><b>115.376 (b)</b></p> <p data-bbox="240 707 469 734">In the past 12 months:</p> <ol data-bbox="240 739 1482 837" style="list-style-type: none"> <li>1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0</li> <li>2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</li> </ol> <p data-bbox="240 866 360 893"><b>115.376 (c)</b></p> <p data-bbox="240 898 1445 996">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="240 1025 1445 1088">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="240 1117 1426 1216">CVYS PREA Policy (page 22) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment will be commensurate with the nature and circumstances of the acts committed and the staff member's disciplinary history.</p> <p data-bbox="240 1245 360 1272"><b>115.376 (d)</b></p> <p data-bbox="240 1276 1493 1375">PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="240 1404 1458 1503">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="240 1532 1469 1594">CVYS PREA Policy (page 22) These sanctions will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority.</p> <p data-bbox="240 1624 376 1650"><b>Conclusion:</b></p> <p data-bbox="240 1655 1466 1718">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.377 | <b>Corrective action for contractors and volunteers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.377 (a)</b></p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>CVYS PREA Policy (page 22) Any contractor, vendor, or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority.</p> <p><b>115.377 (b)</b></p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>CVYS PREA Policy (page 22) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority.</p> <p>The auditor interviewed the Program Manager. The Program Manager stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. If a contractor or volunteer violates policy, their services will no longer be utilized and they will be reported to the proper authorities, as applicable.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p> |



|         |   |
|---------|---|
| 115.378 | <b>Interventions and disciplinary sanctions for residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 879 398" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 432 363 459"><b>Interviews:</b></p> <ol data-bbox="240 465 751 492" style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> </ol> <p data-bbox="240 521 504 548"><b>Findings (by provision):</b></p> <p data-bbox="240 555 360 582"><b>115.378 (a)</b></p> <p data-bbox="240 589 1461 712">PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 745 467 772">In the past 12 months:</p> <ol data-bbox="240 779 1385 840" style="list-style-type: none"> <li>1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</li> <li>2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</li> </ol> <p data-bbox="240 869 1461 992">CVYS PREA Policy (page 22) Youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, are made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff.</p> <p data-bbox="240 1025 360 1052"><b>115.378 (b)</b></p> <p data-bbox="240 1059 1485 1249">PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 1283 467 1310">In the past 12 months:</p> <ol data-bbox="240 1317 1445 1507" style="list-style-type: none"> <li>1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0</li> <li>2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A</li> <li>3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A</li> </ol> <p data-bbox="240 1541 767 1568">Coosa Valley Attention Home does not use isolation.</p> <p data-bbox="240 1601 1485 1724">The auditor interviewed the Program Manager. The Program Manager described disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse. A resident will be removed from the program following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse.</p> <p data-bbox="240 1758 360 1785"><b>115.378 (c)</b></p> <p data-bbox="240 1792 1461 1852">When determining sanctions, a resident’s mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1886 1485 1946">The Program Manager stated a resident will be removed from the program following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse.</p> <p data-bbox="240 1980 360 2007"><b>115.378 (d)</b></p> <p data-bbox="240 2013 1493 2136">PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based</p> |

incentives. Access to general programming or education is not conditional on participation in such interventions.

The Program Manager stated a resident will be removed from the program following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse.

**115.378 (e)**

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

CVYS PREA Policy (page 22) CVYS reports youth to law enforcement and youth will be referred for criminal prosecution when appropriate. The agency disciplines youth for sexual conduct with staff only upon finding that the staff did not consent to such conduct.

**115.378 (f)**

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

CVYS PREA Policy (page 23) CVYS prohibits disciplinary action for a youth reporting of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.378 (g)**

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

|         |   |
|---------|---|
| 115.381 | <b>Medical and mental health screenings; history of sexual abuse</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 879 432" style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Counselor Comments</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 363 488"><b>Interviews:</b></p> <ol data-bbox="240 495 975 589" style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical and Mental Health Staff</li> <li>3. Residents who Disclose Sexual Victimization at Risk Screening – none</li> </ol> <p data-bbox="240 618 504 645"><b>Findings (by provision):</b></p> <p data-bbox="240 651 363 678"><b>115.381 (a)</b></p> <p data-bbox="240 685 1469 813">PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p data-bbox="240 842 1469 902">In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p data-bbox="240 931 1485 1059">CVYS PREA Policy (page 23) Screening pursuant to section VI A.B.C. indicates a youth who has disclosed any prior sexual victimization during screening is referred to a counselor for follow-up. The counselor will further assess the youth and make a recommendation to the program manager regarding creating a special management plan for the youth or housing with the general population.</p> <p data-bbox="240 1088 1481 1193">The staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p data-bbox="240 1223 1430 1283">The auditor reviewed the Counselor Comments section of the risk screening tool to verify residents who disclosed prior victimization during risk screening would be offered a follow up meeting with a counselor within 14 days.</p> <p data-bbox="240 1312 1469 1373">Three residents were identified as reporting prior sexual victimization during risk screening. Two residents stated they received a follow-up meeting within 14 days and the third resident stated she was offered a follow-up meeting but declined.</p> <p data-bbox="240 1402 363 1429"><b>115.381 (b)</b></p> <p data-bbox="240 1435 1469 1563">PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p data-bbox="240 1592 1485 1653">In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p data-bbox="240 1682 1461 1787">CVYS PREA Policy (page 23) If a screening pursuant to section VI indicates that a youth has previously been the victim of sexual abuse, whether it occurred in a facility setting or in the community, staff will ensure that the youth is referred to a counselor for follow-up.</p> <p data-bbox="240 1816 1461 1899">The staff responsible for risk screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p data-bbox="240 1928 1485 1989">The auditor reviewed the Counselor Comments section of the risk screening tool to verify residents who disclosed previously perpetrated sexual abuse during risk screening would be offered a follow up meeting with a counselor within 14 days.</p> <p data-bbox="240 2018 363 2045"><b>115.381 (c)</b></p> <p data-bbox="240 2051 1485 2157">PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise</p> |

required by federal, state, or local law.

CVYS PREA Policy (page 23) Information collected during the screening is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by law.

Interviews with medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that information is securely retained with mental health staff.

**115.381 (d)**

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

The interviews with medical and mental health staff confirmed they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. They confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

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

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. CVYS PREA Policy (revised 8/2022)
2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse - none
3. Security Staff and Non-Security Staff First Responders

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.382 (a)**

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

CVYS PREA Policy (page 23) CVYS shall provide juvenile victims of sexual abuse with timely and unimpeded access to emergency medical treatment in accordance with CVYS medical emergency policies, and crisis intervention services, as determined by medical and counseling staff according to their professional judgement.

The auditor interviewed the nurse. The nurse stated resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services would be determined according to her professional judgment.

The auditor interviewed the counselor. The counselor stated resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services would be determined according to her professional judgment.

The auditor contacted 2nd Chance, Inc. Services would be available to resident victims of sexual abuse at the facility.

**115.382 (b)**

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

**115.382 (c)**

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

The nurse stated victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

**115.382 (d)**

PAQ: Treatment services shall be 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.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

- 1. CVYS PREA Policy (revised 8/2022)
- 2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)

**Interviews:**

- 1. Medical and Mental Health Staff
- 2. Residents who Reported a Sexual Abuse – none present

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (by provision):**

**115.383 (a)**

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CVYS PREA Policy (page 25) CVYS offers medical and counseling services, as appropriate, to all youth including those who have been victimized by sexual abuse.

These services would be provided by facility medical and mental health staff, 2nd Chance, Inc., and the hospital. The detention center has medical facilities.

**115.383 (b)**

CVYS PREA Policy (page 25) The evaluation and treatment of victims shall include appropriate follow-up services and, when necessary, referrals for continued care, with approval and cooperation from the court having jurisdiction over the youth.

The nurse and counselor stated evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. The medical staff interviewed confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while incarcerated. Evaluation and treatment of residents who have been victimized would involve a SANE examination and behavioral health follow-up.

**115.383 (c)**

CVYS PREA Policy (page 25) CVYS provides victims with medical and mental health services consistent with the community level of care through a combination of in-house services and referrals, with approval and cooperation from the court having jurisdiction over the youth.

The nurse and counselor stated medical and mental health services are consistent with the community level of care.

**115.383 (d)**

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

CVYS PREA Policy (page 25) CVYS provides pregnancy tests and timely pregnancy results to juvenile victims of sexually abusive vaginal penetration while in CVYS custody.

The nurse stated resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**115.383 (e)**

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

CVYS PREA Policy (page 25) CVYS provides pregnancy tests and timely pregnancy results to juvenile victims of sexually abusive vaginal penetration while in CVYS custody.

The nurse stated victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**115.383 (f)**

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

appropriate.

CVYS PREA Policy (page 25) CVYS offers tests for sexually transmitted infections as medically appropriate.

The nurse stated victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

**115.383 (g)**

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

CVYS PREA Policy (page 25) CVYS provides treatment services to the victim, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**115.383 (h)**

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

CVYS PREA Policy (page 25) CVYS will attempt to arrange for a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by counseling staff.

The counselor stated a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.



|         |   |
|---------|---|
| 115.386 | <b>Sexual abuse incident reviews</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Sexual Abuse Critical Incident Review Form (9/16/2022)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Program Manager)</li> <li>2. PREA Compliance Manager</li> <li>3. Incident Review Team</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.386 (a)</b></p> <p>PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p>CVYS PREA Policy (page 25) Each program at CVYS will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team.</p> <p><b>115.386 (b)</b></p> <p>PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p>CVYS PREA Policy (page 26) The report must be completed within 30 days of conclusion of the investigation.</p> <p><b>115.386 (c)</b></p> <p>PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>CVYS PREA Policy (page 26) The PREA Incident Review Team includes the Executive Director, Assistant Director (Agency-wide PREA Coordinator), Program Manager (PREA Compliance Manager), Medical Staff, and outside law enforcement agencies (for criminal investigations).</p> <p>The Program Manager confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p><b>115.386 (d)</b></p> <p>PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.</p> <p>CVYS PREA Policy (page 26) The PREA Compliance Manager (Program Manager) will coordinate the evaluation of each incident to include:</p> <ol style="list-style-type: none"> <li>a. Ensuring that the victim receives the required treatment;</li> <li>b. Assessing potential causes of the incident or allegation (e.g., race, ethnicity, gender identity, sexual orientation, gang affiliation, interpersonal dynamics, etc.);</li> <li>c. Identify any physical barriers that may have enabled the abuse (e.g., blind spots, covered windows, poor lighting, outstanding work orders, etc.);</li> <li>d. Identifying adequacy of staffing levels during different shifts;</li> <li>e. Assessing technology, policy, or training, to better prevent, detect, and/or respond to incidents of sexual abuse; and</li> <li>f. Ensuring all identified corrective action is documented.</li> </ol> |

The PREA Compliance Manger/Program Manager was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. She confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

As part of corrective action, the facility implemented the Sexual Abuse Critical Incident Review Form (9/16/2022). The auditor observed the form is inclusive of the standard requirements.

**115.386 (e)**

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

CVYS PREA Policy (page 26) Following an alleged Youth on Youth Sexual Penetration and Staff/Contractor/Volunteer/Intern on Youth Sexual Penetration, the PREA Compliance Manager will complete a report detailing the response action, recommendations and overall management of the alleged victim and perpetrator. The PREA Compliance Manager will submit the report to the Agency-wide PREA Coordinator and Executive Director. The Agency-wide PREA Coordinator will assist the program in the implementation of the recommendations.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. Corrective action is complete.

**115.386 (d)**

The facility implemented the Sexual Abuse Critical Incident Review Form (9/16/2022).

|                |  |
|----------------|--|
| <b>115.387</b> | <b>Data collection</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)</li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.387 (a)</b><br/> PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>CVYS PREA Policy (pages 26-27) CVYS collects accurate, uniform data for every allegation of sexual abuse at facilities using the standardized PREA Incident Report (Attachment H). CVYS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p><b>115.387 (b)</b><br/> PAQ: The agency aggregates the incident-based sexual abuse data at least annually.<br/> The auditor reviewed the aggregated data from 2020-2021.</p> <p><b>115.387 (c)</b><br/> PAQ: 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.<br/> The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p><b>115.387 (d)</b><br/> PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>CVYS PREA Policy (pages 26-27) CVYS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>There were no allegations during the past 12 months.</p> <p><b>115.387 (e)</b><br/> This standard provision is nonapplicable. CVYS does not contract for the confinement of its residents.</p> <p><b>115.387 (f)</b><br/> The Department of Justice (DOJ) did not request data from the previous calendar year.</p> <p><b>Conclusion:</b><br/> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.388 | <b>Data review for corrective action</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Annual Reports (2020-2021): <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a></li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Executive Director)</li> <li>2. PREA Coordinator (Assistant Director)</li> <li>3. PREA Compliance Manager</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.388 (a)</b></p> <p>PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an ongoing basis; and</li> <li>3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p>CVYS PREA Policy (page 27) The Agency-wide PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregate data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training.</p> <p>Annual reports are published on the agency's website at: <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a>. Reports are published for 2020 through 2021. The reports are inclusive of annual data comparison and corrective actions. The Executive Director and PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.</p> <p><b>115.388 (b)</b></p> <p>PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>The auditor reviewed the annual reports and determined they are inclusive of the standard provision.</p> <p><b>115.388 (c)</b></p> <p>PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p>The auditor observed the published annual reports at: <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a>. The reports are approved by the Executive Director and PREA Coordinator. This was corroborated by interviewing the Executive Director and reviewing the published annual reports.</p> <p><b>115.388 (d)</b></p> <p>PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>The auditor reviewed the annual reports and observed no identifying information.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.389 | <b>Data storage, publication, and destruction</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. CVYS PREA Policy (revised 8/2022)</li> <li>2. Annual Reports (2020-2021): <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a></li> <li>3. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.389 (a)</b><br/>PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p><b>115.389 (b)</b><br/>PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Aggregated sexual abuse data is readily available to the public at least annually through its website at <a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a>. Reports are published for 2020-2021.</p> <p>The auditor reviewed published annual reports on the agency website.</p> <p><b>115.389 (c)</b><br/>PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>CVYS PREA Policy (page 27) The Agency-wide PREA Coordinator will submit an Annual Report with redacted material to the Executive Director for publication in the CVYS Annual Report. Before making aggregate sexual abuse data publicly available, the agency will remove all personal identifiers.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p><b>115.389 (d)</b><br/>PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>CVYS PREA Policy (page 27) CVYS will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection or until the year the youngest youth involved turns 26; whichever is longer, unless Federal, State, or local law requires otherwise.</p> <p><b>Conclusion:</b><br/>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p> |

|         |   |
|---------|---|
| 115.401 | <b>Frequency and scope of audits</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="242 304 879 499" style="list-style-type: none"> <li>1. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> <li>2. Interviews</li> <li>3. Research</li> <li>4. Policy Review</li> <li>5. Document Review</li> <li>6. Observations during onsite review of facility</li> </ol> <p data-bbox="242 530 347 557"><b>Findings:</b></p> <p data-bbox="242 564 1477 689">During the three-year period starting on August 20, 2013, and the current audit cycle, Coosa Valley Youth Services ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p data-bbox="242 721 1445 916">The auditor was given access to, and the ability to observe, all areas of the facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p data-bbox="242 947 376 974"><b>Conclusion:</b></p> <p data-bbox="242 981 1437 1039">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p> |

|         |  |
|---------|--|
| 115.403 | <b>Audit contents and findings</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Coosa Valley Attention Home Pre-Audit Questionnaire (PAQ)</li> <li>2. Policy Review</li> <li>3. Documentation Review</li> <li>4. Interviews</li> <li>5. Observations during onsite review of facility</li> </ol> <p><b>Findings:</b><br/>All Coosa Valley Youth Services PREA Audit Reports are published on the agency's website at:<br/><a href="http://www.cvys.net/PREA.html">http://www.cvys.net/PREA.html</a>.</p> <p><b>Conclusion:</b><br/>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p> |

| <b>Appendix: Provision Findings</b> |   |     |
|-------------------------------------|---|-----|
| <b>115.311 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?   | yes |
| <b>115.311 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?  | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?  | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  | yes |
| <b>115.311 (c)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | yes |
|                                     | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)   | yes |
| <b>115.312 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na  |
| <b>115.312 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>   |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)   | na  |



| 115.313 (a) | <b>Supervision and monitoring</b>  |     |
|-------------|--|-----|
|             | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  | yes |
|             | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  | yes |
|             | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?   | yes |
|             | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.313 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?   | yes |
|                    | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.313 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)   | yes |
|                    | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  | yes |
|                    | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  | yes |
|                    | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  | yes |
|                    | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?   | yes |
| <b>115.313 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                    | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.313 (e)</b> | <b>Supervision and monitoring</b>   |     |
|                    | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )            | yes |
|                    | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )  | yes |
|                    | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )  | yes |
| <b>115.315 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?   | yes |
| <b>115.315 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.315 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                    | Does the facility document all cross-gender pat-down searches?  | yes |
| <b>115.315 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?            | yes |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  | yes |
|                    | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| <b>115.315 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  | yes |
|                    | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?                                     | yes |
| <b>115.315 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |

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

|                    |  |     |
|--------------------|--|-----|
| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| <b>115.317 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                             | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?  | yes |
| <b>115.317 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  | yes |
| <b>115.317 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?                             | yes |
| <b>115.317 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
|                    | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.317 (e)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  | yes |
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.317 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.318 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na  |
| <b>115.318 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)           | yes |
| <b>115.321 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. ) | yes |
| <b>115.321 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?   | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.321 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |
| <b>115.321 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.321 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)  | yes |
| <b>115.321 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.322 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?   | yes |
| <b>115.322 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                    | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                    | Does the agency document all such referrals?  | yes |
| <b>115.322 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))              | yes |
| <b>115.331 (a)</b> | <b>Employee training</b>  |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment   | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?                                     | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  | yes |



|                    |   |     |
|--------------------|---|-----|
| <b>115.331 (b)</b> | <b>Employee training</b>  |     |
|                    | Is such training tailored to the unique needs and attributes of residents of juvenile facilities?   | yes |
|                    | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?   | yes |
| <b>115.331 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.331 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.332 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.332 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.332 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.333 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
|                    | Is this information presented in an age-appropriate fashion?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.333 (b)</b> | <b>Resident education</b>   |     |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  | yes |
| <b>115.333 (c)</b> | <b>Resident education</b>   |     |
|                    | Have all residents received such education?   | yes |
|                    | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  | yes |
| <b>115.333 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?   | yes |
| <b>115.333 (e)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.333 (f)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?   | yes |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.335 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                    | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)               | yes |
| <b>115.335 (b)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  | yes |
| <b>115.335 (c)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.335 (d)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| <b>115.341 (a)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?   | yes |
|                    | Does the agency also obtain this information periodically throughout a resident's confinement?  | yes |
| <b>115.341 (b)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?   | yes |
| <b>115.341 (c)</b> | <b>Obtaining information from residents</b>   |     |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?                   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?                     | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.341 (d)</b> | <b>Obtaining information from residents</b>  |     |
|                    | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?   | yes |
|                    | Is this information ascertained: During classification assessments?  | yes |
|                    | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  | yes |
| <b>115.341 (e)</b> | <b>Obtaining information from residents</b>  |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| <b>115.342 (a)</b> | <b>Placement of residents</b>  |     |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?   | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  | yes |
| <b>115.342 (b)</b> | <b>Placement of residents</b>  |     |
|                    | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?                                      | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?   | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  | yes |
|                    | Do residents in isolation receive daily visits from a medical or mental health care clinician?   | yes |
|                    | Do residents also have access to other programs and work opportunities to the extent possible?   | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.342 (c)</b> | <b>Placement of residents</b>  |     |
|                    | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?   | yes |
|                    | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  | yes |
|                    | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?   | yes |
|                    | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?   | yes |
| <b>115.342 (d)</b> | <b>Placement of residents</b>  |     |
|                    | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                    | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |
| <b>115.342 (e)</b> | <b>Placement of residents</b>  |     |
|                    | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?   | yes |
| <b>115.342 (f)</b> | <b>Placement of residents</b>  |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.342 (g)</b> | <b>Placement of residents</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |
| <b>115.342 (h)</b> | <b>Placement of residents</b>  |     |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  | na  |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)   | na  |
| <b>115.342 (i)</b> | <b>Placement of residents</b>  |     |
|                    | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?   | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.351 (a)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?   | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  | yes |
| <b>115.351 (b)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
|                    | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  | yes |
| <b>115.351 (c)</b> | <b>Resident reporting</b>  |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.351 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the facility provide residents with access to tools necessary to make a written report?   | yes |
| <b>115.351 (e)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |
| <b>115.352 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| <b>115.352 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.352 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (d)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  | yes |
|                    | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (e)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
|                    | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)   | yes |
|                    | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)   | yes |



|                    |   |     |
|--------------------|---|-----|
| <b>115.352 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.353 (a)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?                 | yes |
|                    | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?   | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  | yes |
| <b>115.353 (b)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.353 (c)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  | yes |
|                    | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.353 (d)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?   | yes |
|                    | Does the facility provide residents with reasonable access to parents or legal guardians?   | yes |
| <b>115.354 (a)</b> | <b>Third-party reporting</b>  |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?   | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  | yes |
| <b>115.361 (a)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?   | yes |
| <b>115.361 (b)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?   | yes |
| <b>115.361 (c)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.361 (d)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?   | yes |
|                    | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |

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

|                    |  |     |
|--------------------|--|-----|
| <b>115.364 (a)</b> | <b>Staff first responder duties</b>  |     |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.364 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.365 (a)</b> | <b>Coordinated response</b>  |     |
|                    | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.366 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |
| <b>115.367 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |
| <b>115.367 (b)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.367 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.367 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?   | yes |
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>   |     |
|                    | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?   | yes |
| <b>115.371 (a)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)  | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?   | yes |
| <b>115.371 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.371 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  | yes |
| <b>115.371 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?                                      | yes |
| <b>115.371 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.371 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.371 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  | yes |
| <b>115.371 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.371 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| <b>115.371 (k)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?  | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (m)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
| <b>115.372 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?   | yes |
| <b>115.373 (a)</b> | <b>Reporting to residents</b>  |     |
|                    | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?   | yes |
| <b>115.373 (b)</b> | <b>Reporting to residents</b>  |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)   | yes |
| <b>115.373 (c)</b> | <b>Reporting to residents</b>  |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.373 (d)</b> | <b>Reporting to residents</b>  |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?   | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  | yes |
| <b>115.373 (e)</b> | <b>Reporting to residents</b>  |     |
|                    | Does the agency document all such notifications or attempted notifications?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.376 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.376 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.376 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.376 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?  | yes |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.377 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.377 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |
| <b>115.378 (a)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  | yes |



|                    |   |     |
|--------------------|---|-----|
| <b>115.378 (b)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?   | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?   | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  | yes |
|                    | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  | yes |
| <b>115.378 (c)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.378 (d)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?   | yes |
|                    | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  | yes |
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?                        | yes |
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)   | yes |
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?               | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.381 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| <b>115.381 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?   | yes |
| <b>115.382 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?   | yes |
| <b>115.382 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?   | yes |
|                    | Do staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  | yes |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.383 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |
| <b>115.383 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  | yes |
| <b>115.383 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.383 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  | yes |
| <b>115.383 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.383 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.383 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | yes |
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.386 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?    | yes |
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.387 (a)</b> | <b>Data collection</b>  |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.387 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.387 (c)</b> | <b>Data collection</b>  |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.387 (d)</b> | <b>Data collection</b>  |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.387 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.387 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.388 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.388 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.388 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  | yes |
| <b>115.388 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.389 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.387 are securely retained?   | yes |
| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)   | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |