Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

Interim ☒ **Final**

Date of Report August 21, 2019

Auditor Information

Name: Christy Slauson Vincent	**Email:** vncntchrsty@gmail.com
Company Name: Vincent Auditing	
Mailing Address: 770 County Road 26	**City, State, Zip:** Roanoke, Alabama 36274
Telephone: 706-668-1969	**Date of Facility Visit:** July 13, 2019

Agency Information

Name of Agency Dallas County Commission		**Governing Authority or Parent Agency** *(If Applicable)* NA	
Physical Address: 102 Church Street		**City, State, Zip:** Selma, Alabama	
Mailing Address: P.O. Box 987		**City, State, Zip:** Selma, Alabama	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Honorable Jimmy Nunn	
Email: Jnunn@dallascounty-al.org	**Telephone:** 334-874-2516

Agency-Wide PREA Coordinator

Name: Kimberly C. Bonner	
Email: kcbonner@outlook.com	**Telephone:** 334-877-0629

PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:
Marcus Hannah, Director	0

Facility Information

Name of Facility: Perry Varner Educational and Treatment Facility

Physical Address: 1002 Selfield Road	**City, State, Zip:** Selma, Alabama, 36703
Mailing Address (if different from above): Click or tap here to enter text.	**City, State, Zip:** Click or tap here to enter text.

The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal

Facility Website with PREA Information: www.dallascounty-al.org

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: Alabama Department of Youth Services

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Administrator/Superintendent/Director

Name: Marcus Hannah, Director

Email: marcushannah@att.net	**Telephone:** 334-876-4809

Facility PREA Compliance Manager

Name: Veronica Evans

Email: VeronicaLEvans31@outlook.com	**Telephone:** 334-877-0629

Facility Health Service Administrator ☐ N/A

Name: Eric Anderson			
Email: Anderson.dcjd@yahoo.com		**Telephone:** 334-876-4815	
Facility Characteristics			
Designated Facility Capacity:	32		
Current Population of Facility:	19		
Average daily population for the past 12 months:	5		
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No		
Which population(s) does the facility hold?	☐ Females **X** Males Both Females and Males		
Age range of population:	13-17		
Average length of stay or time under supervision	8 weeks		
Facility security levels/resident custody levels	Unsecure		
Number of residents admitted to facility during the past 12 months		45	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:		45	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*		45	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		☐ Yes ☒ No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A		

Number of staff currently employed by the facility who may have contact with residents:	11
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	3
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	4/1
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	Facility investigators ☐ Agency investigators **X** An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department **X** Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component

	☐ Other (please name or describe: Click or tap here to enter text.) N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit for the Perry Varner Educational and Treatment Facility was conducted on July 13, 2019 in Selma, AL. The audit was conducted to determine compliance with the Prison Rape Elimination Act (2003) and its' standards for zero tolerance of sexual abuse in juvenile correctional and residential facilities. Please refer to the National Prison Rape Elimination Act Resource Center for additional information at www.prearesourcecenter.org.The audit was conducted by Christy Slauson Vincent, United States Department of Justice (DOJ) PREA dual certified juvenile and adult facilities auditor, operating as an independent contractor with no conflict of interest with respect to her ability to conduct an audit of the facility under review.

The audit process consisted of a total review of the Perry Varner Educational and Treatment Facility. The pre-audit preparation included a thorough review of all documentation and material submitted by the facility along with data included in the completed Bureau of Justice Assistance (BJA) Pre-Audit Questionnaire for Juvenile Facilities. The auditor received primary documentation which consisted of policies and secondary documentation which also consisted of procedures on a flash drive for review prior to the on-site phase of the audit process. The documentation reviewed consisted of facility policies, procedures, forms, education materials, training curriculum, organization charts, posters, brochures, inmate population reports, memorandums of agreement, signed training rosters, community-based contact information, facility schematic, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were written and submitted to the facility PREA Coordinator and PREA Compliance Manager for review. Answers to the questions were submitted by the facility PREA Coordinator and facility Program Coordinator and reviewed by the auditor prior to the on-site phase of the audit process. During the first and second review of material, the auditor and The Perry Varner Educational and Treatment Facility PREA Coordinator and Program Coordinator worked diligently to obtain all material necessary to meet the standards for PREA compliance.

The auditor met the PREA Coordinator and Program Coordinator upon arrival for the on-site portion of the audit. The auditor was allowed access to the facility to conduct the audit. After the initial meeting, the auditor toured the facility accompanied by the PREA Coordinator and Program Coordinator. The auditor contact information was posted throughout the facility prior to the on-site phase of the audit, dated July 13,2019. A schematic layout of the facility was also provided prior to the audit. A list of staff,

volunteers, and contractors to include assignments and roles was provided to the auditor along with listings by dormitory for a random and objective selection of inmates for interviews. The auditor reviewed compliance with the PREA standards based on a review of agency policies, procedures, practice, daily activities, documentation, observation, and interviews with staff and residents.

Interviews were conducted with the Head of the Facility, PREA Coordinator, Program Coordinator, Human Resources, the nurse and other pertinent personnel and/or agencies. Residents and staff were interviewed using the recommended Department of Justice audit interview protocols for juvenile facilities. This included questioning that was included but not limited to: purpose, meaning, protections provided by the act, how to report (methods available for reporting), when to report, rights, responsibilities, etc. The auditor received no inquiries or requests for an interview during the audit process or inquiries from the auditor posted contact information. The residents could articulate to the auditor what they would do and who they would tell if they were sexually abused. No sexual assault, abuse and/or harassment allegations were reported during the past 12-month period from the date of the audit. A total of 14 residents were interviewed by the auditor. Staff were questioned using the Department of Justice audit interview protocols for juvenile facilities that questioned their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when an inmate alleges abuse, and first responder duties. All staff interviewed could articulate the facility's zero-tolerance policy and First Responder Duties. A total of nine agency and facility staff were interviewed by the auditor.

An exit interview was conducted at the end of the on-site visit by the auditor with the PREA Coordinator. Recommendations were made by the auditor to the facility PREA Coordinator and Program Coordinator to complete within 30 days of the on-site visit to be fully compliant with the PREA standards. Those recommendations included: creating a reassessment screening tool used for transgender and intersex resident placement and programming assignments, correct wording of orientation, intake and First Responder Duties material, provide non-occurrence statements for any standard that is non-applicable, include PREA signs in Spanish, provide staff with immediate access to First Responder Duties such as a First Responder Duty card, provide investigator certification of Specialized Sexual Abuse Investigation training, and provide medical personnel certification of Specialized Sexual Abuse training, The listed recommendations were completed and provided to the auditor within the required 30 days.

Facility Characteristics

The Perry Varner Educational and Treatment Facility is a 32-bed facility for males only. It has 8 sets of 4 open-dormitory style living areas that are observed by

direct staff, no cameras exist in these areas. The males do not dress or undress in these areas; only in the designated shower area. The current population at the time of the PREA audit was fourteen (14) males. The average length of stay for a juvenile is eight (8) weeks. The facility has several staff offices, a central control room with a state-of-the-art camera/video surveillance system. The Perry Varner Educational Treatment facility has an intake area, laundry areas, visitation area, showers, a separate building utilized as a multi-purpose building, dining, recreational time, and educational classroom. The juveniles serviced here utilize the same medical staff as the youths at the Dallas County Juvenile Detention Center. The Perry Varner Facility is on the same campus as the Dallas County Juvenile Detention Center. It is separated by a locked covered fence. The juveniles cannot see each other beyond the fence on either side.

The auditor was impressed with the PREA information stations that were set up throughout the facility, including visitation areas. The auditor was also impressed that a PREA video was shown every morning prior to starting class to all the residents. The residents complimented the facility and staff for creating and implementing what some considered an open environment, where the staff is approachable and they are responsive to their needs to include reporting PREA violations if needed. The staff has done an excellent job creating a zero-tolerance environment and an environment where the residents are not afraid to report violations of PREA. The auditor was very impressed with the extensive facility camera and video monitoring system that was installed. The auditor has determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this review period.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 4
List of Standards Exceeded: 115.313, 115.318, 115.333, and 115.351

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? **X** Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? **X** Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? **X** Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.311 (c)

- 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 ☐ No **X** NA

- 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 ☐ No **X** NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor thoroughly reviewed the Perry Varner Educational and Treatment Facility written policy toward sexual abuse and sexual harassment and it specifically outlines the facility's approach to preventing, detecting, and responding to such conduct. The facility employs an agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act standards. The auditor was impressed that the agency PREA Coordinator is also a certified Department of Justice PREA auditor with many years of experience and did an excellent job providing primary policy and secondary practice documentation to confirm compliance with the standards. The facility Program Coordinator is an experienced staff member and reports directly to the agency PREA Coordinator as reflected in the facility organizational chart. The facility Program Coordinator represented the facility and agency in a professional and competent manner during the audit process.

The agency regulation and facility policy (13.8.1) mandates a zero-tolerance policy and an implementation plan is in place outlining how the agency and facility will implement the zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency and facility have an easy to understand organizational chart and the auditor was provided a copy during the pre-audit phase of the audit. Interviews of staff and residents during the on-site phase of the audit indicated their understanding of the Perry Varner Educational and Treatment Facility written policy toward sexual abuse and sexual harassment.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Agency PREA Coordinator Designation

Facility Compliance Manager Designation

DCJDC & PVET Written Institutional Plan

Staff and Resident Interviews

Organizational Chart

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes ☐ No **X** NA

115.312 (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.) ☐ Yes ☐ No **X** NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy (13.8.1) contains the required language to address PREA to ensure that all contractors understand the zero-tolerance policy of both PREA and the Perry Varner Educational and Treatment Facility. PVET currently does not contract with other entities for the confinement of their residents.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from the Head of Agency

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  X Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
  X Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?
  X Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? **X** Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? **X** Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? **X** Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) **X** Yes ☐ No ☐ NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
  X Yes ☐ No ☐ NA

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) **X** Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) **X** Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
  X Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? **X** Yes ☐ No

115.313 (d)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.313 (e)

- 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) **X** Yes ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) **X** Yes ☐ No ☐ NA

- 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) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor interviewed the agency PREA Coordinator who confirmed that the staffing plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The Perry Varner Education and Treatment Facility policy (13.8.1) ensures a post is filled when a deviation from the staffing plan is necessary and notated in the deviation log. The facility takes the following into consideration when developing or reviewing their staffing plan:

1) Generally accepted detention and correctional practices;
2) Any judicial findings of inadequacy;
3) Any findings of inadequacy from Federal investigative agencies;
4) Any findings of inadequacy from internal or external oversight bodies;
5) All components of the institution's/facility's/center's physical plant (including "blind-spots" or areas where staff or residents may be isolated);
6) The composition of the inmate population;
7) The number and placement of supervisory staff;
8) Institution programs occurring on a particular shift;
9) Any applicable State or local laws, regulations, or standards;
10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
11) Any other relevant factors.

In circumstances where the staffing plan is not complied with, the agency shall document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

1) The staffing plan established pursuant to the standard;
2) Prevailing staffing patterns;
3) The facility's deployment of video monitoring systems and other monitoring technologies; and
4) The resources the facility has available to commit to ensure adequate staffing levels.

The auditor could confirm that unannounced rounds by upper level management are being conducted on various shifts and are being documented. The auditor recommended to both the PREA Coordinator and Program Coordinator that a memo be sent out to all staff instructing them to not alert other staff when these unannounced rounds are being conducted. The auditor did receive the written memo by the agency head which was signed by all staff, confirming their acknowledgment.

PVET did not deviate from the above staffing plans or DYS ratio for this audit period. The facility receives an exceed standards due to the staffing plan, number of staff on duty far exceeds the ratio required by standard, and the monitoring system is a state-of-the-art monitoring system with no visible blind spots.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Memo by Head of Agency/Signed by Staff

DYS Form 115.113 Supervisory Monitoring Logs

Facility Activity Schedule

Facility Staff Roster

Video Monitoring System Deployment and Technologies

Vulnerability Assessment Form

Daily Population Report

Staff Work Schedules

Institution programs occurring on a particular shift

Staff Interviews

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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? **X** Yes ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? **X** Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? **X** Yes ☐ No

- Does the facility document all cross-gender pat-down searches? **X** Yes ☐ No

115.315 (d)

- Does the facility have policies 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? **X** Yes ☐ No

- Does the facility have 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? **X** Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? **X** Yes ☐ No

- 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) **X** Yes ☐ No ☐ NA

115.315 (e)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.315 (f)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There is no cross-gender strips or pat searches of residents by staff. Agency regulation and facility policy (13.8.1) prohibits staff from conducting cross-gender searches or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. It was unclear to the auditor during the staff interviews if they were understood and clear on the agency and facility policy concerning cross-gender viewing and searches. The auditor required the PREA Coordinator to produce a written memo to all staff instructing them on this policy and to have them sign it acknowledging their awareness. The auditor did receive this signed staff memo.

During the on-site tour of the facility, the auditor saw several posted reminders to staff, informing them to make their gender announcements before entering the dorms of the opposite gender. During the resident interviews, this practice was confirmed.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedure 13.14

Written Policy and Procedure 3A-13 Cross Gender Strip Searches

Written Policy and Procedure 3A-13 Cross Gender Visual Body Cavity Searches

Written Policy and Procedure 3A-13 Cross Gender Pat Down Searches

Process Indicators: Memo by Head of Agency/Signed by Staff

Staff and Resident Interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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.) **X** Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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: Are blind or have low vision? **X** Yes ☐ No

115.316 (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? **X** Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? **X** Yes ☐ No

115.316 (c)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Perry Varner Educational and Treatment Facility has an agreement with the Dallas County local school board to ensure effective communication with residents with LES (Limited English Proficiency). PVET also has an MOU with the Family Sunshine Advocacy Center for interpretation needs of any resident with a language barrier. Agency regulation and facility policy (13.8.1) states that at no time are residents allowed serving as interpreters for other residents.

During the on-site tour of the facility, the auditor noticed English posters and flyers on the walls but did not see any Spanish versions. The auditor required the PREA Compliance Manager to produce the posters and flyers in Spanish version. The auditor did receive the Spanish versions. The auditor recommended that PVET utilize a form of lower-functioning material such as drawings or big print to use in instances of residents who may be mentally challenged and have low vision. The PREA Compliance Manager created a flyer in both big print and with drawings to explain how to report and to whom. These were produced in both English and Spanish versions.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Memorandum of Understanding

Lower Functioning Materials

Resident PREA Receipt of Acknowledgement

Staff and Resident Interviews

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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)? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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 question immediately above? **X** Yes ☐ No

- 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)? **X** Yes ☐ No

- Does the agency prohibit the enlistment of the 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? **X** Yes ☐ No

- Does the agency prohibit the enlistment of the 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 question immediately above? **X** Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? **X** Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? **X** Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? **X** Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? **X** Yes ☐ No

115.317 (e)

- 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? **X** Yes ☐ No

115.317 (f)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? **X** Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? **X** Yes ☐ No

115.317 (h)

- 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.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

X **Meets Standard** (*Substantial compliance; complies in all material ways with the*

standard for the relevant review period)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The auditor interviewed Human Resources Director who confirmed that all new staff have criminal backgrounds checks conducted to include Alabama Bureau of Investigation and C/AN (Child Abuse and Neglect) Reports. The auditor received 12 assigned staff background checks. The Human Resources Director also explained that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Perry Varner Educational Treatment Facility. This mandate is found in the employee handbook. A process is in place for criminal background checks every five years for current employees and contractors who may have contact with residents. The auditor noticed while reviewing the background check documents that a few employees were coming due for the five-year renewal. The auditor mentioned this as a reminder to the Human Resources Director during the interview.

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

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Background Checks

DYS Form 1153.317 Pre-Employment Questionnaire

Staff Interviews

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.) **X** Yes ☐ No ☐ NA

115.318 (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.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

X **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The auditor was impressed with the state-of-the-art camera system at Perry Varner Educational and Treatment Facility. There are no visual blind spots when viewing the cameras. There is a total of cameras within this one system. The auditor's determination is that the PVET exceeds the standard for the relevant review period. The

auditor's justification for exceeding the standard is based in part on the facility camera and video monitoring system, especially for a small facility, and commitment for future additions and upgrades.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Surveillance System Schematic

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 ☐ No **X** NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No **X** NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No **X** NA

115.321 (c)

- 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 evidentiary or medically appropriate? **X** Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? **X** Yes ☐ No

- 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)? **X** Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? **X** Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? **X** Yes ☐ No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No **X** NA

- Has the agency documented its efforts to secure services from rape crisis centers? **X** Yes ☐ No

115.321 (e)

- 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? **X** Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? **X** Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) **X** Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) **X** Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

X **Meets Standard** (*Substantial compliance; complies in all material ways with the*

standard for the relevant review period)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Perry Varner Educational and Treatment Facility does not conduct its own investigations of sexual abuse and sexual harassment. Investigations are conducted by an external agency. The Dallas County Sheriff's Department has a sexual assault investigator on-call 24/7, who conducts all allegations of sexual abuse and sexual harassment. The facility has a MOU on file with the Dallas County Sheriff's Department for this service.

All forensic exams are completed at the local hospital (Vaughan Regional Medical Center, Selma, AL) at no cost to the residents. The PVET also has a MOU on file with the Family Sunshine Advocacy Center in Montgomery, AL. to meet the needs of advocacy.

The auditor interviewed the investigator and it was confirmed that here have been no sexual incidents during this audit period. The auditor also interviewed a representative at the advocacy center and there have not been any residents brought to the center within this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from Head of Agency

Memorandum of Understanding with Dallas County Sheriff's Office

Memorandum of Understanding with Family Sunshine Advocacy Center

Investigator Certification

Staff Interviews

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? **X** Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? **X** Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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? **X** Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? **X** Yes ☐ No

- Does the agency document all such referrals? **X** Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy 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).) **X** Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed policy and procedure, reviewed the MOU with Dallas County Sheriff's Office, and interviewed the PREA Coordinator and external investigator to determine that the Perry Varner Educational and Treatment Facility refers all allegations of sexual abuse and sexual harassment to the Dallas County Sheriff's Office and Department of Human Resources. It has been confirmed that there have been no sexual incidents during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

DYS Form 115.371 Process for Investigating Sexual Assaults

Process Indicators: Statement of Non-Occurrence from Head of Agency

Memorandum of Understanding with Dallas County Sheriff's Office

Website Publication

Investigator Certification

Staff Interviews

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? **X** Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? **X** Yes ☐ No

- Is such training tailored to the gender of the residents at the employee's facility? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, those employees understand the training they have received? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed staff training records and conducted staff interviews. Both revealed staff has received and continues to receive PREA training. Staff understands the procedures as a first responder and they understand the zero-tolerance policy regarding PREA.

During the interview with the Program Coordinator, it was revealed that PREA training occurs monthly and is given in different type forums, such as videos, meetings, scenarios, and reading materials. New staff are given a pamphlet titled, "*What Staff Should Know about Sexual Misconduct with Juveniles."*

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 13.16

Code of Alabama 1975 Section 16-14-3

Training Curriculum

Process Indicators: DYS Form 115.331 Staff Receipt of PREA

DYS Pamphlet 115.331.1 What Staff Should Know About Sexual Misconduct with Juveniles

Staff Training Records

Staff Interviews

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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? **X** Yes ☐ No

115.332 (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)? **X** Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Agency regulation and facility policy requires volunteers and contractors who have contact with residents to receive PREA training based on the services they provide and the level of contact they have with the residents. The facility has had no volunteers during this audit period. Contract staff receives a PREA Fact Sheet that describes to them in detail what is sexual abuse and how to report it. The contractor then signs documentation acknowledging that they understand PREA and Perry Varner Educational and Treatment Facility's zero-tolerance for sexual abuse.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 4.3.1

DCJDC & PVET Policy SOP D4.9 – Volunteers/Contractors

Process Indicators: DYS Form 115.332 Contractor Receipt of PREA
DYS Form 115.311 PREA Fact Sheet

Contractor Training Records

Staff Interviews

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? **X** Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? **X** Yes ☐ No
- Is this information presented in an age-appropriate fashion? **X** Yes ☐ No

115.333 (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? **X** Yes ☐ No
- 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? **X** Yes ☐ No
- 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? **X** Yes ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? **X** Yes ☐ No
- 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? **X** Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? **X** Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? **X** Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? **X** Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? **X** Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? **X** Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? **X** Yes ☐ No

115.333 (f)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

X **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The residents receive PREA Orientation upon entering the facility within 10 days, at which time they receive a copy of the resident handbook and the resident pamphlet titled, "*What You Should Know about Sexual Abuse and Assault."* Residents are also administered the sexual assault survey upon entry into the facility within 72 hours. Both are conducted in a confidential setting such as the medical exam room or mental health counselor office. The auditor was impressed with the PREA information stations that were set up throughout the facility, including visitation areas. The auditor was also

impressed that a PREA video is shown every morning prior to starting class to all the residents.

Interviews with the residents indicated they were extremely knowledgeable regarding PREA and the zero-tolerance policy. The residents indicated they felt safe while at the facility. They also indicated they felt safe in reporting any problems including PREA violations to staff. The residents complimented the staff for creating and implementing what some considered an open environment, where the staff is approachable.

The auditor has determined that there is substantial education and training that goes into informing the juveniles at Perry Varner Educational and Treatment Facility about PREA and the zero-tolerance policy, how to stay sexually safe, and how to report if there is an incident. The auditor has determined that PVET exceeds the standard.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 17.1

Process Indicators: DYS Form 115.333 .1 Juvenile Receipt of PREA

Student Handbook

Juvenile Orientation and Survey of Sexual Violence Records

DYS Pamphlet 115.333.2 Youth Safety Guide

DYS Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault

Power Point Presentation 115.333 Sexual Assault in the Juvenile Correction Setting

Power Point Presentation 115.333.1 PREA Orientation

Posters and Visual Aids

Resident Interviews

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 ☐ No **X** NA

115.334 (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 ☐ No **X** NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No **X** NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No **X** NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
  ☐ Yes ☐ No **X** NA

115.334 (c)

- 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 ☐ No **X** NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Perry Varner Educational and Treatment Facility does not conduct its own investigations of sexual abuse and sexual harassment. Investigations are conducted by an external agency. The Dallas County Sheriff's Department has a sexual assault investigator on-call 24/7, who conducts all allegations of sexual abuse and sexual harassment. The facility has a MOU on file with the Dallas County Sheriff's Department for this service. The auditor interviewed the investigator and it was confirmed that here have been no sexual incidents during this audit period. The auditor received the external investigator's specialized training certification.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Training Curriculum

DYS Form 115.334 Investigator Receipt of PREA

Investigator Certification

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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.)
  X Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) **X** Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) **X** Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) **X** Yes ☐ No ☐ NA

115.335 (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.)
  X Yes ☐ No ☒ NA

115.335 (c)

- 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.) **X** Yes ☐ No ☐ NA

115.335 (d)

- 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.)
  X Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or 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.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Perry Varner Educational and Treatment Facility benefits from the medical and mental health care offered in coordination with the written agreement between The Family Sunshine Advocacy Center and Vaughan Regional Medical Center. The auditor verified specialized training completion for the facility medical and mental health care staff. The auditor interviewed the medical and mental health staff and was thoroughly impressed with his knowledge and expertise. The medical and mental health staff interviewed was knowledgeable about the Prison Rape Elimination Act training and how to respond as a First Responder. He understood his role in the Coordinated Response Plan as well.

The agency and facility ensure that all full, part-time, and contract medical and mental health care practitioners who work regularly with residents have been trained in:

1) How to detect and assess signs of sexual abuse and sexual harassment;
2) How to preserve physical evidence of sexual abuse;
3) How to respond effectively and professionally to victims of sexual abuse/harassment;
4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment;
5) Recognize the special medical and mental health needs of all inmates;
6) Factors to consider in an inmates' risk of sexual victimization; and
7) Training shall be documented to denote employee understanding of material and verified through employee signature.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 12.11

Process Indicators: Training Curriculum

DYS Form 115.335 Medical and Mental Health Receipt of PREA

Nurse Certification

Statement of Non-Occurrence from Head of Agency

Memorandum of Understanding with Family Sunshine Advocacy Center

Training Records of Medical Personnel

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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? **X** Yes ☐ No

- Does the agency also obtain this information periodically throughout a resident's confinement? **X** Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? **X** Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? **X** Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? **X** Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? **X** Yes ☐ No

- Is this information ascertained during classification assessments? **X** Yes ☐ No

- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? **X** Yes ☐ No

115.341 (e)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews with residents and tour of the intake process confirmed that residents are administered the sexual assault survey upon entry into the facility within 72 hours. The survey questionnaires are conducted in a confidential setting such as the medical exam room or mental health counselor office. The Perry Varner Education and Treatment Facility uses an objective screening tool that captures at a minimum, the following:

1) Prior sexual victimization or abusiveness
2) Any gender nonconforming appearance or manner or identification as LGBTI
3) Age
4) Intellectual or developmental disabilities
5) Mental illness or mental disabilities
6) Physical disabilities
7) The resident's own perception of vulnerability
8) Level of cognitive development
9) Any other relevant information

The auditor interviewed the Program Coordinator and the medical personnel, who are both responsible for the administration of the sexual survey questionnaire. It was determined during both interviews that personnel were clear on how to administer the tool and what its purpose was. The process of keeping the surveys confidential was very clear as well.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization

DYS Form 115.41.2 Guidelines for PREA Shared Information

Sexual Survey Questionnaires

Staff and Resident Interviews

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all 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? **X** Yes ☐ No

- Does the agency use all 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? **X** Yes ☐ No

- Does the agency use all 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? **X** Yes ☐ No

- Does the agency use all 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? **X** Yes ☐ No

- Does the agency use all 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? **X** Yes ☐ No

115.342 (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? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)
  ☐ Yes ☐ No **X** NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes ☐ No **X** NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents housing, bed, or other assignments solely based on such identification or status? **X** Yes ☐ No

- Does the agency always refrain from placing transgender residents housing, bed, or other assignments solely based on such identification or status? **X** Yes ☐ No

- Does the agency always refrain from placing intersex residents housing, bed, or other assignments solely based on such identification or status? **X** Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive **X** Yes ☐ No

115.342 (d)

- 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 based on anatomy alone, that agency is not in compliance with this standard)? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.342 (e)

- 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? **X** Yes ☐ No

115.342 (f)

- 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? **X** Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? **X** Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No **X** NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility has 8 sets of 4 bed dormitories (boys only program). Victimization or abusiveness may determine placement of residents closer to staff in the housing unit. PVET does not have isolation or protective custody cells. Residents are not housed separately based solely on their LGBTI status; however, Perry Varner Educational and Treatment Facility takes the residents own view of their vulnerability into consideration when housing residents separate. There was one transgender female housed separately per the resident's request during this audit period. This information was verified through staff and resident interviews.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 13.1

Process Indicators: DYS Form 115.342 Housing Unit Placement

DYS Form 115.342 Isolation Activity Log

Sexual Survey Questionnaires

Statement of Non-Occurrence from Head of Agency

Staff and Resident Interviews

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? **X** Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.351 (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? **X** Yes ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? **X** Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request? **X** Yes ☐ No

- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No **X** NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? **X** Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? **X** Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to the tools necessary to make a written report? **X** Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? **X** Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Perry Varner Educational and Treatment Facility follows policy regarding providing multiple ways the residents can report sexual abuse and sexual harassment. During the on-site tour of the audit, the auditor observed posters and flyers on the walls and multiple PREA information stations located throughout the facility, informing the residents on the multiple ways on how to report. Interviews with the residents confirmed to the auditor, the multiple ways they could report sexual abuse and sexual harassment: complaint box, staff member, outside agency hotline, PREA Coordinator, parent can call a toll-free number, and grievances.

Residents' handbook contains information on PREA and how to report it. Residents also advised they can make private calls when requesting to report sexual allegations. Staff interviews indicated they are knowledgeable in allowing residents to male private calls from the nurse's station (most private space in the facility).

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 1.28

Process Indicators: DYS Form 115.333.1 Juvenile Receipt of PREA

DYS Form 115.351 Alabama Hotline Message

DCJDC & PVET Grievance Form

Posters and Visual Aides

Statement of Non-Occurrence from Head of Agency

Staff and Resident Interviews

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. **X** Yes ☐ No

115.352 (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.) **X** Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a 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.) **X** Yes ☐ No ☐ NA

115.352 (c)

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

115.352 (d)

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

115.352 (e)

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

115.352 (f)

- 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.) **X** Yes ☐ No ☐ NA

- 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.). **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

- 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.) **X** Yes ☐ No ☐ NA

115.352 (g)

- 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.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does have administrative procedures for handling resident grievances regarding sexual incidents. Residents may place written grievances regarding sexual incidents in a complaint box or give the PREA Coordinator and Program Coordinator the written grievance in person. Part of the resident's orientation processing is that administration sends the parents a third-party reporting form for alleged sexual abuse, sexual assault, and sexual harassment. The parents may send this letter directly to the Head of the Agency or to the PREA Coordinator. There have been no sexual incident grievances during the audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 1.28

Process Indicators: DYS Form 115.333.1 Juvenile Receipt of PREA

DYS Form 115.351 Alabama Hotline Message

DYS Form 115.354 Third Party Reporting

DCJDC & PVET Grievance Form

Entrance Letter to Parents

Posters and Visual Aides

Statement of Non-Occurrence from Head of Agency

Staff and Resident Interviews

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? **X** Yes ☐ No

- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No **X** NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? **X** Yes ☐ No

115.353 (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? **X** Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse? **X** Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter such agreements? **X** Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? **X** Yes ☐ No

- Does the facility provide residents with reasonable access to parents or legal guardians? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility follows policy by having a MOU on file with an outside agency that can provide outside confidential support services to residents if reporting sexual incidents. The facility has access to the Family Sunshine Advocacy Center hotline. This agency provides mental health support as well as forensic interviews and is with the resident throughout the entire process. The auditor verified the number and the operation of it while speaking with a representative from the Advocacy Center.

The auditor interviewed staff and residents concerning the hotline. Both groups were knowledgeable about the operation of it and what it is used for.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 115.351 Alabama Hotline Message

DYS Form 100.8 Informed Student Verification

Posters and Visual Aides

Resident Handbook

Memorandum of Understanding with Family Sunshine Advocacy Center

Statement of Non-Occurrence from Head of Agency

Staff and Resident Interviews

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? **X** Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Part of the resident's orientation processing at Perry Varner Educational and Treatment Facility is that administration sends the parents a third-party reporting form for alleged sexual abuse, sexual assault, and sexual harassment. The parents may send this letter directly to the Head of the Agency or to the PREA Coordinator.

The Department of Youth Services website provides the public with information regarding third party reporting of sexual abuse and sexual harassment. The PREA information stations located throughout the facility provide visitors with information regarding how to report PREA violations on behalf of their juvenile.

The auditor interviewed residents and was satisfied that they understood what third-party reporting meant and how to do that there at PVET.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Posters and Visual Aides

Website Publication

DYS Form 115.354 Third Party Reporting

Statement of Non-Occurrence from Head of Agency

Resident Interviews

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? **X** Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? **X** Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? **X** Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- 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? **X** Yes ☐ No

115.361 (d)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- If an 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy outline staff First Responder duties and their responsibility to report any sexual misconduct. Interviews with staff indicated their knowledge of this responsibility. Staff is required to immediately report any allegations of sexual abuse, suspicion of or information they receive to the appropriate authorities. Staff is trained on how to report and to whom.

Perry Varner Educational and Treatment Facility sends out a medical consent form to the parents of the juveniles to gain permission to treat the juvenile if the case presents itself. This is part of the reporting procedures for a juvenile under state care.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 13.16

Process Indicators: DYS Form 115.331 Staff Receipt of PREA

DYS Form 115.381 Consent for Treatment

DYS Form 8.2 Critical Incident Report

Statement of Non-Occurrence from Head of Agency

Confirmation of Guardian Consent for Treatment

Staff First Responder Duties

Staff Interviews

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy require that immediate action be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Perry Varner Educational and Treatment Facility does not have protective custody or isolation cells but does have a policy in place to move the high-risk juvenile up front close to staff and under the view of cameras. The first cell is typically the cell used for this type situation.

Interviews with the PREA Coordinator and Program Coordinator confirmed this procedure. At the time of the audit, there was one transgender female who had requested to be moved based upon her view of vulnerability. There was no high-risk of victimization based upon interview with resident.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 8.12 Critical Incident Report

DYS Form 115.342 Housing Unit Placement Form

Statement of Non-Occurrence from Head of Agency

Staff Interviews

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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? **X** Yes ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? **X** Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? **X** Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? **X** Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy require the head of the receiving facility to notify the head of losing facility upon learning of abuse alleged by a resident within 72 hours. Interviews with the PREA Coordinator and Program Coordinator advised the other agency would be notified immediately.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 115.363 Reporting to Other Confinement Facilities

Statement of Non-Occurrence from Head of Agency

Staff Interviews

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.364 (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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy outline staff First Responder duties and their responsibility to report any sexual misconduct. Interviews with staff indicated their knowledge of this responsibility. Staff are required to immediately report any allegations of sexual abuse, suspicion of or information they receive to the appropriate authorities. Staff are trained on how to report and to whom.

Interviews with staff indicated that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall:

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

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 115.331 Staff Receipt of PREA

DYS Form 115.364 First Responder Checklist

DYS Form 115.364.1 First Responder Guidelines for Sexual Assault

Statement of Non-Occurrence from Head of Agency

Staff Interviews

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility's written Institutional Plan addresses actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Staff interviews confirmed that all staff were knowledgeable of this written plan and where to find it.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Institutional Plan

Process Indicators: Staff Interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering 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? **X** Yes ☒ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Perry Varner Educational and Treatment Facility is not a collective bargaining facility. The auditor received a notification of non-applicability from the Head of the Agency.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Work Rules of State Personnel

Process Indicators: Statement of Non-Applicability from Head of Agency

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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? **X** Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? **X** Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? **X** Yes ☐ No

115.367 (c)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? **X** Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? **X** Yes ☐ No

115.367 (e)

- 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? **X** Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Perry Varner Educational and Treatment Facility has a policy in place to monitor for retaliation. The monitoring can last up to 90 days but can be extended if needed. The retaliation monitoring policy is in place to safe guard against retaliation for staff and residents who have reported and or been cooperative in an investigation. Both the PREA Coordinator and Program Coordinator have been charged with the duties of retaliation monitoring. There have been no reported incidents of retaliation monitoring during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Written Policy and Procedures 1.29

DCJDC & PVET Policy - Retaliation

Process Indicators: DYS Form: 115.342 Housing Placement Form

DYS Form 115.367 Protection Against Retaliation

DYS Form 115.171 Investigative Outcome Form

Statement of Non-Occurrence from Head of Agency

Staff Interviews

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy require that immediate action be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Perry

Varner Educational and Treatment Facility does not have protective custody or isolation cells but does have a policy in place to move the high-risk juvenile up front close to staff and under the view of cameras. The first cell is typically the cell used for this type situation.

Interviews with the PREA Coordinator and PREA Compliance Manager confirmed this procedure. At the time of the audit, there was one transgender female who had requested to be moved based upon her view of vulnerability. There was no high-risk of victimization based upon interview with resident.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 8.12 Critical Incident Report

DYS Form 115.342 Housing Unit Placement Form

Statement of Non-Occurrence from Head of Agency

Staff Interviews

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No **X** NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No **X** NA

115.371 (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? **X** Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? **X** Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? **X** Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? **X** Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? **X** Yes ☐ No

115.371 (e)

- 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? **X** Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as a resident or staff? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.371 (h)

- 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? **X** Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? **X** Yes ☐ No

115.371 (j)

- 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? **X** Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? **X** Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed policy and procedure, reviewed the MOU with Dallas County Sheriff's Office, interviewed the PREA Coordinator and external investigator, and received a written letter from the investigator explaining his role. to determine that the Perry Varner Educational and Treatment Facility refers all allegations of sexual abuse and sexual harassment to the Dallas County Sheriff's Office and Department of Human Resources. It has been confirmed that there have been no sexual incidents during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Records Retention Schedule

DCJDC and PVET Written Institutional Plan

Process Indicators: DYS Form 115.171 Investigative Outcome Form

DYS Form 115.371 Process for Investigating Sexual Assault Allegations
Letter from Head Investigator

Statement of Non-Occurrence from Head of Agency

Investigator Certification

Memorandum of Understanding with Dallas County Sheriff's Office

Staff Interviews

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed policy and procedure, reviewed the MOU with Dallas County Sheriff's Office, and interviewed the PREA Coordinator and external investigator to determine that the Perry Varner Educational and Treatment Facility refers all allegations of sexual abuse and sexual harassment to the Dallas County Sheriff's Office and Department of Human Resources. It has been confirmed that there have been no

sexual incidents during this audit period. The following information was utilized to verify compliance with the above listed standard:
Protocols: Written Policy and Procedures 13.8.1

Work Rules of State Personnel

DCJDC and PVET Written Institutional Plan

Process Indicators: Statement of Non-Occurrence from Head of Agency

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? **X** Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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.) **X** Yes ☐ No ☐ NA

115.373 (c)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.373 (d)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? **X** Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy indicated the process for notifying residents whether allegations of abuse were substantiated, unsubstantiated or unfounded. The PREA Coordinator, Program Coordinator, and investigator indicated their knowledge of this process during their interview. There have been no sexual incidents during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: DYS Form 115.371 Process for Investigating Sexual Assaults

DYS Form 115.373 Juvenile Notification of or Investigative Outcome

Statement of Non-Occurrence from Head of Agency

Staff Interviews

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Is staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? **X** Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? **X** Yes ☐ No

115.376 (c)

- 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? **X** Yes ☐ No

115.376 (d)

- 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)? **X** Yes ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy require staff disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. The policy mandates that the violation be reported to law enforcement and any licensing entities.

Interview with the Human Resources Director revealed that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Perry Varner Educational Treatment Facility. This mandate is found in the employee handbook.

No such occurrences occurred during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Work Rules for State Personnel

Process Indicators: Statement of Non-Occurrence from Head of Agency

Staff Interviews

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? **X** Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? **X** Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to relevant licensing bodies? **X** Yes ☐ No

115.377 (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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency regulation and facility policy require staff disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. The policy mandates that the violation be reported to law enforcement and any licensing entities.

Interview with the Human Resources Director revealed that all employees are subject to mandatory reporting of any arrests or charges filed while employed at Perry Varner Educational Treatment Facility. This mandate is found in the employee handbook. Interview with the Human Resources Director revealed that no contractor has been dismissed due to sexual misconduct during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Work Rules for State Personnel

Process Indicators: Statement of Non-Occurrence from Head of Agency

DYS Form 115.332 Volunteer and Contractor Receipt of PREA

DYS Form 115.337 Supervision of Personnel and Vendor Log

DYS 8.12 Critical Incident Report

Reports to Law Enforcement

Staff Interviews

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 is subject to disciplinary sanctions only pursuant to a formal disciplinary process? **X** Yes ☐ No

115.378 (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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.378 (c)

- 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? **X** Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.378 (e)

- 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? **X** Yes ☐ No

115.378 (f)

- 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? **X** Yes ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

After reviewing the student handbook, facility policy, and resident pamphlets, the auditor determined that there was sufficient amount of information to inform the residents of consequences of sexual misbehavior. The policy states that the resident's mental health, disciplinary history, and other determining factors will be taken into consideration when determining disciplinary action. There have been no disciplinary actions taken against any resident during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from Head of Agency

Student Disciplinary Hearing Report

Student Disciplinary Report

Student Handbook

Crisis Intervention Treatment Notes

DYS 115.342 Housing Placement Form

DYS 8.12 Critical Incident Report

DYS 8.12.1 Critical Incident Initial Debriefing

DYS 8.12.2 Critical Incident Two-Week Follow-Up Debriefing Report

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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? **X** Yes ☐ No

115.381 (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? **X** Yes ☐ No

115.381 (c)

- 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? **X** Yes ☐ No

115.381 (d)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Procedure at Perry Varner Educational and Treatment Facility is that all residents identified as high risk with a history of assaultive and/or predatory behavior, or at risk for sexual victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the facility contracted mental health professional. Staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. All transgender and Intersex juveniles will be reassessed twice a year to determine their level of programming and housing placement needs.

There were no identified victims or abusers during this audit period. There was a transgender female at the time of the audit but her stay was only for four weeks so no reassessment was needed or conducted.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Code of Alabama

Process Indicators: Statement of Non-Occurrence from Head of Agency

Health Intake Screening

DYS Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization

DYS 115.331 Staff Receipt of PREA

Treatment Notes

DYS Form 115.381 Clinical Services Consent Form

Notice of HIPPA

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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? **X** Yes ☐ No

115.382 (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? **X** Yes ☐ No

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? **X** Yes ☐ No

115.382 (c)

- 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? **X** Yes ☐ No

115.382 (d)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy requires timely, unimpeded access to emergency, medical treatment and crisis intervention services for victims of sexual abuse. All forensic exams are completed at the local hospital (Vaughan Regional Medical Center, Selma, AL) at no cost to the residents. The Perry Varner Educational and Treatment Facility also have a MOU on file with the Family Sunshine Advocacy Center in Montgomery, AL. to meet the needs of advocacy.

There were no instances of sexual abuse reported during this audit period.

The following information was utilized to verify compliance with the above listed standard:
Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from Head of Agency

Memorandum of Understanding with Family Sunshine Advocacy Center

DYS 115.364 First Responder Duties

DYS Form 115.331 Staff Receipt of PREA

Notice of HIPPA

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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? **X** Yes ☐ No

115.383 (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? **X** Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? **X** Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No **X** NA

115.383 (e)

- 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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No **X** NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? **X** Yes ☐ No

115.383 (g)

- 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? **X** Yes ☐ No

115.383 (h)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed policy and it requires ongoing medical and mental health care for sexual abuse victims. The facility shall provide medical and mental health evaluations and appropriate follow-up treatment for both victims and abusers within 60 days of such knowledge. Victims of sexual abuse will be transported to the local hospital (Vaughan Regional Medical Center, Selma, AL) at no cost to the residents, where they will receive treatment and where physical evidence can be gathered. There have been no sexual assault victims in this reporting period; however, procedures are in place. There were no instances of sexual abuse reported during this audit period.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from Head of Agency

Memorandum of Understanding with Family Sunshine Advocacy Center

Medical and Mental Health Notes

Treatment Notes

DYS Form 115.331 Staff Receipt of PREA

Test Results

Mental Health Status Evaluation

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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? **X** Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? **X** Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? **X** Yes ☐ No

115.386 (d)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? **X** Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility's written institutional plan outlines protocol for sexual incident reviews which shall occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility review team considers the following:

1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or
respond to sexual abuse;
2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender,
or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by another group
dynamics at the facility;
3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable
abuse;
4) Assess the adequacy of staffing levels in that area during different shifts;

5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to above paragraph numbers
1 to 5, and any recommendations for improvement, and submit such report to the facility head and Prison Rape Elimination Act compliance manager.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Statement of Non-Occurrence from Head of Agency

DYS 8.12 Critical Incident Report

DYS 8.12.1 Critical Incident Initial Debriefing

DYS 8.12.2 Critical Incident Two-Week Follow-Up Debriefing Report

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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? **X** Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? **X** Yes ☐ No

115.387 (c)

- 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? **X** Yes ☐ No

115.387 (d)

- 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? **X** Yes ☐ No

115.387 (e)

- 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.) ☐ Yes ☐ No **X** NA

115.387 (f)

- 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.) **X** Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor interviewed the agency PREA Coordinator and she confirmed the secure process of data collection in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, and training. The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. Facility policy requires facilities to maintain review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. When requested this information shall be submitted to DYS PREA Coordinator as outlined in facility written institutional plan.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Annual Data Review

Survey of Sexual Violence

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

- 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? **X** Yes ☐ No

115.388 (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 **X** Yes ☐ No

115.388 (c)

- 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? **X** Yes ☐ No

115.388 (d)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:

1) Identifying problem areas;
2) Taking corrective action on an ongoing basis; and
3) Preparing an annual report of its findings and corrective actions.

The facility's report is reviewed by the agency wide PREA Coordinator and makes certain reports readily available to the public through its DYS website. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Process Indicators: Annual Data Review

Annual Facility Report

Annual DYS PREA Report

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained? **X** Yes ☐ No

115.389 (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? **X** Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? **X** Yes ☐ No

115.389 (d)

- 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? **X** Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility policy and procedure, and interviews with the agency PREA Coordinator, confirms that data is collected and securely retained. The agency makes

all aggregated sexual abuse data, from its facility under its direct control, readily available to the public at least annually through its DYS website. The auditor thoroughly reviewed the agency DYS website and was impressed with the sections addressing the Prison Rape Elimination Act. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.

The following information was utilized to verify compliance with the above listed standard:

Protocols: Written Policy and Procedures 13.8.1

Records Retention Schedule

Process Indicators: Annual PREA Report Published on DYS Website

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.*) **X** Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes **X** No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes **X** No ☐ 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.) **X** Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? **X** Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? **X** Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? **X** Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) **X** Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Christy Slauson Vincent **August 21, 2019**

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.