Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

Interim **X Final**

Date of Report 12/07/2019

Auditor Information

Name: Georgeanna Mayo Murphy	**Email:** GeorgeannaMurphy@yahoo.com
Company Name: Murphy PREA Auditing Services	
Mailing Address: P.O. Box 81873	**City, State, Zip:** Mobile, AL 36689
Telephone: 251-421-0604	**Date of Facility Visit:** September 16-18, 2019

Agency Information

Name of Agency Pathway Inc. Campus 1		**Governing Authority or Parent Agency** *(If Applicable)* Pathway Inc.	
Physical Address: 39 Private Road		**City, State, Zip:** New Brockton, AL 36351	
Mailing Address: P.O. Box 311206		**City, State, Zip:** Enterprise, AL 36331	
The Agency Is:	☐ Military	X Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: www.pathway-inc.com			

Agency Chief Executive Officer

Name: Joseph Peeples	
Email: jpeeples@pathway-inc.com	**Telephone:** 334-894-5591

Agency-Wide PREA Coordinator

Name: Barbara Morrison	
Email: Barbara.m@pathway-inc.com	**Telephone:** 334-894-5591
PREA Coordinator Reports to: Joseph Peeples	**Number of Compliance Managers who report to the PREA Coordinator:** 3

Facility Information

Name of Facility: Pathway-Inc DYS Boys (Campus 1)

Physical Address: 39 Private Road	**City, State, Zip:** New Brockton, Al 36351
Mailing Address (if different from above): P.O. Box 311206	**City, State, Zip:** Enterprise, AL 36331

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

Facility Website with PREA Information: www.pathway-inc.com

Has the facility been accredited within the past 3 years? X 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

X 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:
Regional Alliance, Medicaid

Facility Administrator/Superintendent/Director

Name: Joseph Peeples	
Email: jpeeples@pathway-inc.com	**Telephone:** 334-894-6322

Facility PREA Compliance Manager

Name: Michael Davis	
Email: mdavis@pathway-inc.com	**Telephone:** 334-894-0029

Facility Health Service Administrator ☐ N/A

Name: Randall Hughes	
Email: rhughes@pathway-inc.com	**Telephone:** 334-445-1285

Facility Characteristics	
Designated Facility Capacity:	65
Current Population of Facility:	54
Average daily population for the past 12 months:	65
Has the facility been over capacity at any point in the past 12 months?	☐ Yes X No
Which population(s) does the facility hold?	☐ Females X Males ☐ Both Females and Males
Age range of population:	10-18 years of age
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Staff secured
Number of residents admitted to facility during the past 12 months	134
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	134
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	127
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 X 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 X Other - please name or describe: Court ordered youth to treatment facility ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	85

Number of staff hired by the facility during the past 12 months who may have contact with residents:	27
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
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.**	16
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 in particular 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.**	7
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:	7
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.)?	X Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	X Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	X Yes ☐ No
Are mental health services provided on-site?	X Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site X 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 X 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 X Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component X Other (please name or describe: Alabama Department of Human Resources) ☐ 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?	3
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 X Agency investigators ☐ 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 ☐ 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.) X N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pathway Inc. DYS Boys Campus 1i s operated by Pathway Inc. which provides residential treatment for court ordered juveniles. The facility is licensed by the Alabama Department of Youth Services who conducts an annual facility audit using ACA (American Correctional Association) guidelines with a follow up 6 month review to maintain licensure. The facility is located in New Brockton, Alabama at 39 Private Road in Coffee County. The audit was conducted by Georgeanna Mayo Murphy, a U.S. Department of Justice certified PREA Auditor for juvenile facilities. The on-site audit was conducted on September 16 thru 18, 2019. The facility contacted the auditor in May and entered into a contract conduct their first PREA audit.

In May of 2019 the auditor was contacted by Mr. Mike Davis, Facility Manager, to begin the contract and audit process. Mr. Davis and his staff provided the auditor with the completed Pre-Audit Questionnaire, files, staffing, resident census reports, etc. This information was sent to auditor in the six week proscribed time frame and signs with the auditors address were posted throughout the facility. The auditor contact information was posted, July 22, 2019, eight weeks prior to the auditor's arrival and it explained that all information was confidential. Staff were instructed to treat all auditor correspondences like privileged mail. The auditor provided the facility with the audit process map at the time the contract was signed and a proposed schedule was sent to the facility two weeks before the on-site visit so they could adequately prepare for the audit. The facility provided the auditor with a quiet area where staff could be interviewed privately. The facility provided the auditor with lists for interviews for both staff and residents to provide a broad overview for interview selection. In the past 12 months there were six allegations of sexual harassment by residents at the facility and three allegations of sexual abuse. Each of the harassment allegations were investigated by administrative staff and involved name calling. None of the investigations led to criminal prosecution and were rectified through resident re-education and re-direction of behavior. Three allegations of sexual abuse are currently being investigated by the Coffee County Sheriff's Department and Alabama Department of Human Resources. The staff member involved was immediately placed on administrative leave and resigned before termination could occur. The facility is actively participating with law enforcement and DHR in the investigation of these allegations of abuse.

The facility has MOU's with the Hope Center at Southeast Health Systems to conduct forensic sexual assault examinations. SANE nurses are employed by the hospital to conduct the examinations. The facility has a MOU with the Rape Crisis Center to provide residents at the facility advocacy services through phone conversations and in person meetings. These interactions are all confidential. The Coffee County Sheriff's Department conducts all criminal investigations with detectives from their sex crimes division. All administrative investigations are conducted by the Director and Manager of the facility with the criminal investigation always taking precedence. The detective in charge of the criminal investigation stays in contact with the director to ensure facility remains informed, The Alabama Department of Human Resources also investigates any allegation of child abuse including all sexual assaults that occur in detention facilities. A report of the findings by DHR is sent to the facility upon completion of their investigation. All employees of

the facility are mandatory reporters and receive training on line using the Alabama Department of Human Resources website curriculum.

On line research of Pathway Inc. DYS Boys Campus 1, found no record of any allegations of abuse physical or sexual. The facility is under no judicial decrees and there is no Department of Justice involvement. The Alabama Department of Youth Services has had no reports of sexual abuse or harassment from the facility. The facility has a website and currently provides information including the investigative process and Third Party Reporting Form. The annual redacted data and PREA Audit Report will be added once the report is received. The auditor received no correspondence from any residents or staff members during the six week period prior to the on-site visit.

Upon arrival on September 16, 2019 the auditor met with the Program Manger, Michael Davis, Kimberly Fai, Baldwin County Facility Manager and Barbara Morrison, PREA Coordinator. to go over the plan for the visit and tour the facility. The facility is made up of 16 buildings. Building one houses administrative services and building two houses all facility therapists. The campus has a cafeteria, pavilion for picnics and cook-outs, a gymnasium, a school with attached clinic, seven dorm style living units, counseling trailers, and three buildings which are currently sealed and set to be demolished or repurposed. The dorm style living units are separated into two separate housing units with 8 residents assigned to each unit. A large day room in the center separates the two sides. A staff member is assigned to each housing unit population at all times. The ratio is 1 staff member to 8 residents at all times. The building also includes one shower/restroom area with 3 individual showers and three restroom stalls and one urinal for each living unit. On the opposite side of the campus separated by a wooded area and trails are additional buildings for residents. The buildings are set up in the same dormitory style as mentioned previously. Any person entering the campus must check in at the administrative building. The facility is located on a wooded property that provides residents with nature trails, outside recreation areas and landscaping opportunities, fishing as well as pet therapy. Cameras are monitored 24 hours a day. Line staff and counselors walked the auditor through the intake process including the screening; admit paperwork, orientation information and housing/programming decisions steps. The auditor viewed the grievance system process and discussed it with residents and staff during the interviews. The auditor observed cross gender announcement by all staff entering opposite sex housing units. PREA posters and posters with the PREA Hotline for DYS and Rape Crisis Center and posted throughout the facility. Phones are provided for residents to make calls to these numbers at any time and privacy is provided so they can speak freely. No phone calls are monitored or recorded in the facility. The facility does not accept juveniles who are severely hearing impaired, sight impaired, unable to speak and read English, or residents with low I.Q. scores due to the requirements of the of the program and terrain of the facility.

Formal and informal interviews were conducted with administrative and line staff, residents and volunteers. There were 54 residents detained at the facility during the on-site visit and 85 employees. Eighteen residents and three targeted residents were interviewed during the on-site visit. Thirty-seven staff members were interviewed including line staff, administrative, medical, mental health, cafeteria staff, teaching staff and maintenance staff were interviewed by the auditor during the on-site visit All administrative staff were interviewed. Administrative staff included the CEO, Joseph Peeples, COO/PREA Coordinator, Barbara Morrison, Facility Manager/PREA Manager, Michael Davis, Human Resources Manager, Director of Clinical Services, Karen Brabham, three therapists, and three members of the nursing staff. Residents were interviewed using the recommended DOJ protocols designed to ascertain their knowledge of the options available to them to report sexual assault or sexual harassment, training they received regarding their personal safety, the screening process, search procedures, cross gender announcements, showering procedures, as well as their access to visitation, phone usage, and contact with their attorney. Staff were also questioned using the recommended DOJ protocols designed to ascertain their overall understanding of PREA and their role in providing a sexually safe environment for all residents detained at the facility. Questions were related to training, zero tolerance, reporting options and duties, responding to allegations of sexual assault and sexual harassment, staffing ratios, first responder and mandatory reporting duties.

Administrative staff were questioned about the duties directly related to their jobs. I was allowed to choose 10 random resident files to look at the training they received and to view their screening form for victimization/or assaultive tendencies. I viewed all staff files and observed criminal background checks that included NCIC, Sex Offender Registry and the CAN Report from the Alabama Department of Human Resources. Several of the background checks were older than five years and a corrective plan was developed to bring the files up to date. The CAN (Child Abuse and Neglect) Report indicates if any employee was ever involved in a founded case of child abuse or neglect. No employee had any indications of abuse, neglect or crimes of a sexual nature. The facility also requests references from prior employers once a release is signed to determine if they were involved in any offences at their prior places of employment. The employee training files were in excellent order. Employees receive PREA training each year and refresher classes as needed. Many of the training curriculums are from the PREA Resource Centers training library. All administrative and upper level line staff staff take turns conducting unannounced rounds which are documented in folders in each dormitory. These rounds are done randomly and rounds are done on the night shift as well by the supervisor in charge. Administrative staff also conduct round on random nights to ensure the safety. Policy prohibits staff from alerting other staff rounds are being conducted.

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At the conclusion of the on-site visit I met with the Director/CEO, COO/PREA Coordinator and Program Manager/PREA Manager to discuss what was learned during the audit. We discussed the corrective action need to bring background checks up to date and the on-going investigation into allegations of sexual abuse made by three residents against a staff member. It was decided an interim report would be issued so the auditor could follow the progress of the investigation. The facility is extremely dedicated to providing the

residents in their care with a safe environment free from sexual assault and sexual harassment. They were very open with issues they are currently facing and corrective steps they were taking.

An interim report was submitted to the facility on October 10, 2019. The facility has updated all background checks of employees including criminal and child abuse/neglect checks. The facility provided the auditor documentation verifying current criminal background checks and child abuse/neglect screenings from the Alabama Department of Human Resources (DHR).

The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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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: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 4

List of Standards Not Met: 115.312 The facility does not contract with other agencies to house its clients. Standard115.316 The facility does not accept clients who are blind or deaf, do not speak/read English or who have substantial learning disabilities due to the nature of the program. Standard 115.334 The facility does not conduct its own criminal investigations. The only investigations conducted are administrative, determining if any policies and procedures were violated. Standard 115.403 This is the facilities first PREA Audit.

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.) x Yes ☐ No ☐ 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.) 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 following evidence was analyzed in making the compliance determination:

Documents
Pre-Audit Questionnaire
Agency Policy 115.311
Agency Organizational Chart
Agency PREA Coordinator Duties
Pathway Inc. PREA Policy and Procedure Manual

Interviews
Chief Operations Officer/PREA Coordinator
Program Manager/PREA Manager

Site Review
Observations of physical plant

Findings
115.311(a)
The facility has a policy 115.311 that mandates zero tolerance for any sexual assault of sexual harassment of residents at the facility. The policy outlines the facilities strategies for preventing, detecting, and responding to such behaviors. Facility policy addressed prevention through the appointment of a PREA Coordinator, conducting criminal background checks and CAN Reports on all staff, contractors, and volunteers who have contact with residents. Training is conducted with all staff, contractors and volunteers who have contact with residents annually to ensure they have a good understanding of the zero tolerance policy and their duty to report. This training is tailored to the type of contact the individual has with the residents. Staffing ratios are maintained at all times. Information is posted throughout the facility regarding PREA, reporting assault and harassment options. All residents are screened to determine their risk of vulnerability or assaultive behavior so proper housing and programming can be assigned. The facility has a policy in place for detecting sexual assault and harassment through proper training of staff, volunteers, contractors and residents. Screening during the intake process also aids in placing residents in proper housing and programming, The facility policy on responding to sexual assault and sexual harassment is addressed by investigating all allegations, providing advocates, medical help and counseling. Disciplinary sanctions are also addressed in the policy for staff and residents. All incidents are reported to the Alabama Department of Youth Services who licenses the facility. The policy provides for an incident review team, data collection, and analysis. The policy is consistent with the PREA standards and outlines the facility's approach to sexual safety.

115.311(b)
The facility has a policy 115.311 that mandates the Chief Operations Officer serves as the PREA Coordinator for all Pathway facilities. The policy states the facility PREA Coordinator has the time, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. The PREA Coordinator has direct access to the Executive Officer of Pathway Inc, Joseph Peeples, to report any issues or concerns. The organizational chart lays out the chain of command. The interview with the PREA Coordinator confirmed she felt she had sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. She was very knowledgeable of the PREA standards and takes the safety of residents in the facility very serious.

115.311(c)
The facility has a policy 115.311 that mandates the Program Manager serves as the PREA Manager for the facility. The policy states the facility PREA Manager has the time, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. The PREA Manager has direct access to the Chief Operations Director/PREA Coordinator, Barbara Morrison, to report any issues or concerns. The organizational chart lays out the chain of command. The interview with the PREA Manager confirmed he felt he had sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. He was very knowledgeable of the PREA standards and takes the safety of residents in the facility very serious

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*)

☐ **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.

This facility is a for-profit facility which provides residential therapy services for juvenile's court ordered to the program. This standard is not applicable to this facility. It does not contract with any other facility to house residents.

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? x 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".) ☐ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes xNo

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*)

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.

Documentation
PRE-Audi Questionnaire
PREA Policy 115.313
Pathway Inc. PREA Policy and Procedure Manual
Organizational Chart 2019
Listing or Intermediate and Higher level staff

Unannounced Rounds Logbooks in each Living Area
Staffing list
Staff Schedules
Annual Staffing Review

Interviews:
Interviews with Supervisors
Interview with Director
Interview with Program Manager/PREA Manager
Interview with Chief Operations Officer/PREA Coordinator

Site Review Observations
Observance by auditor during audit walk-thru

Discussion

Policy 115.313 mandates the following:

(a) The facility has a staffing plan that requires a ratio of 1:8 at all times both waking hours and resident sleeping hours. This staff to resident ratio exceeds the ration mandated by the Alabama Department of Youth Services. Each year the Director, Chief Operations Officer/PREA Coordinator and Program Manager/PREA Manager reviews the staffing plan to ensure the mandated staffing patterns are followed. The plan takes into consideration the 11 criteria mentioned in the standard as well as hazardous weather staffing.

(1) Generally accepted juvenile detention and correctional/secure residential 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 facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);

(6) The composition of the resident 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; and

Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services

who conducts and annual audit of the facility. The auditor discussed staffing issues with the Director, Chief Operations Officer /PREA Coordinator, Program Manager/PREA Manager and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

(b) The facility does not allow the staff to resident ratio exceed 1:8 which exceeds the mandated Alabama Department of Youth Services which requires 1:8 during waking hours and 1:12 during sleeping hours. Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Director, Chief Operations Officer/PREA Coordinator, Program Manager/PREA Manager, and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

There were no deviations during this review period.

(c) The facility does not allow the staff to resident ratio exceed 1:8 which exceeds the mandated Alabama Department of Youth Services which requires 1:8 during waking hours and 1:12 during sleeping hours. Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Director, Chief Operations Officer/PREA Coordinator, Program Manager/PREA Manager, and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

(d) The facility has a staffing plan that requires a ratio of 1:8 during at all times. Each year the Director, Chief Operations Officer/PREA Coordinator, Program Manager/PREA Manager reviews the staffing plan to ensure the mandated staffing patterns are followed. The plan takes into consideration the 11 criteria mentioned in the standard as well as hazardous weather staffing.

Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Director, Chief Operations Officer/PREA Coordinator, Program Manager/PREA Manager, and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

(e) The policy requires unannounced and unpredictable rounds be done by supervisory and administrative staff daily. Upon reviewing the Unannounced Rounds logs for the past year it was evident that all rounds are very random and conducted on each shift several times daily. The rounds are conducted by shift supervisors during their assigned shift and administrative staff during their normal work week with pop in checks on weekends, holidays and night shifts. I

met with supervisors which were chosen randomly. Each supervisor stated they conducted the rounds several times during their shift and made sure these checks were random and unpredictable. The policy dictates that no staff member is allowed to alert any other staff member the rounds are being conducted. Any staff member who violates this policy would be subject to disciplinary action. Rounds are conducted to ensure the safety of all residents and staff members on duty and to ensure staff are performing their duties as directed. Supervisory and administrative staff make an entry in the Unannounced Rounds Log to document the check was done. Administrative staff spot check these rounds on the video system to ensure they are being conducted properly. The facility exceeds this portion of the standard.

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.

Documents:
Policy 115.315

Pathway Inc. PREA Manual
Staff Assignment Roster
Staffing Plan
Employee Training Files

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interviews with Supervisors
Interviews with Line Staff
Interviews with Residents

Site Review Observations:
Observations during on-site visit

Discussion:

Policy 115.315 dictates the following:

(a) It is the policy of the facility that no cross-gender search or cross-gender visual body cavity searches are performed except in exigent circumstances or when performed by medical professionals. The facility does not allow pat-down searches. Strip searches are conducted by staff members of the same gender during intake, after community service outings and after home visits. All body cavity searches are only conducted by medical personnel. There have been no body cavity searches conducted in the past 36 months. At all times male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
(b) Pat-down searches are prohibited at the facility. Strip searches are conducted by staff members of the same gender as the resident. Strip searches are conducted at the time of intake, after community service outings and after home visits. There have been no body cavity searches conducted in the past 36 months. At all times male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
(c) Pat-down searches are prohibited at the facility. Strip searches are conducted by staff members of the same gender as the resident. Strip searches are conducted at the time of intake, after community service outings and after home visits. There have been no body cavity searches conducted in the past 36 months. At all times male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
(d) Policy mandates that residents are allowed 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 incidental to a routine cell check. Policy requires staff of the opposite gender to announce their presence when entering a housing bay. Residents interviewed stated that any time a member of the opposite gender entered the housing bay they announced their presences.

The policy was discussed with administrative personnel, supervisory staff, line staff and residents. The auditor asked administrative staff, supervisory staff and line staff if staff members alerted residents a member of the opposite gender was entering a housing bay. All groups indicated this policy was followed a mandated. The announcements were viewed during the auditor's on-site visit. The auditor asked line and supervisory staff to walk the auditor through a room check which is conducted every 15 minutes while residents are in their housing area. Females and males are assigned to male dormitories. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents. Staff members look visually into each

room through a window to ensure the resident housed inside is safe and present. If a resident is using the restroom the visual check is done and the officer moves directly to the next room to be checked. Residents shower individually in three separate shower stalls with shower curtains. They enter fully clothed and they shower in a closed shower stall to provide privacy. There no visibility through the shower stall. Once the resident shower is complete they dress and exit the shower stall. Residents interviewed described the same procedure for showers and room checks.

(e) Facility policy prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined though conversations with the resident or by reviewing previous records of arrest, or by the nurse during her admit evaluation conducted in the first 24 hours of arriving at the facility. The resident can be housed in the intake area until seen by the nurse or the nurse can be called to the facility if circumstances dictated. Conversations with administrative staff, supervisory and line staff and the nurse confirmed this is the policy. The facility has admitted no transgender or intersex residents during this review period.

(f) Policy mandates that no pat-down searches are conducted on residents at the facility at any time. Strip searches are conducted on all new intakes, after community service opportunities, and after home visits. These searches are conducted by staff members of the same gender. Staff do receive training on conducting all searches in a professional and respectful manner and in the least intrusive manner possible. The Program manager discussed the training program with the auditor. Training is conducted using the PREA Resource Center's: Guidance in Cross-Gender and Transgender Pat Searches, curriculum. Each staff member receives this training annually. Training was documented in training each file the auditor examined. The Director stated she used much of her PREA training from the PREA Resource Center. Staff interviews with both line and supervisory staff confirmed the training.

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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x 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? ☐ Yes x No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☐ Yes x 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?
☐ Yes x 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

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.

Documents:
Policy 115.316
Pathway Inc. PREA Manual
Admission Criteria Pathway Diversion Programs

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager

Policy 115.316 mandates the following:
Pathway is an intense, cognitively demanding treatment program. Pathway cannot accommodate clients/residents who are profoundly hearing impaired, have profound intellectually disabilities, sight impaired, or who cannot speak or read the English language in its treatment program.
The auditor interviewed a resident who had a limited hearing impairment. The juvenile had hearing aids but did not like to wear them. The auditor spoke to the resident without his hearing aid. He had no problem understanding the question posed to him and answered each completely. He stated he did not like to wear his hearing aids and did not feel like he needed them. The resident stated he had no issues in the facility.

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 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 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? ☐ Yes x 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

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.

An interim report was submitted to the facility on October 10, 2019. The facility has updated all background checks of employees including criminal and child abuse/neglect checks. The facility provided the auditor documentation verifying current criminal background checks and child abuse/neglect screenings from the Alabama Department of Human Resources (DHR).

Documents:

Policy 115.317
Pathway Inc. PREA Manual
Hiring Application
Release of Liability for Employee Reference
Employee Files
Contractor Files
Criminal Background Checks
Child Abuse and Neglect Reports

Interviews:

Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Human Resource Coordinator
Interviews with Supervisors
Interviews with Line Staff
Interviews with Counselors/Therapists

Policy 115.317 mandates the following:

(a) The facility will not hire or promote anyone who may have contact with residents, and will 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. It will not hire or contract or promote 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 he victim or not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activities. Administrative staff confirm this is the policy and practice of the facility and they take it very seriously.

(b) It is the policy of the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. Conversations with Administrative staff confirms this is the policy and practice of the facility. They also confirm the consequence for any form of sexual harassment by a staff member can be grounds for disciplinary action up to and including termination. The Contract services would be canceled for any contractor engaging in sexual harassment of any form.

(c) It is the policy of the facility that all potential employees and all facility employees and/or contractors have a criminal background check as well as a Child Abuse and Neglect Report run on them prior to employment and every five years after. All potential employees must sign a release of liability for any institutional setting they may have perilously worked so their prior employer can complete a questionnaire regarding their work history as well as any information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse or physical abuse. All applicants and employees must disclose any act of misconduct. Failure to do so will result in termination for consideration of employment and termination of employment or contract services. After a thorough review of employee/contractor files the auditor observed national criminal background checks, sex offender registry requests, and Child Abuse and Neglect reports from the Alabama Department of Human Services. The auditor also observed requests for information from previous employers and their responses. Several of the files belonging to employees who had been their longer than five years did not have current background check information. The auditor spoke to the Program Manager to determine a plan of action to bring all the files up to standard.

(d) Policy mandates if an agency considering employing a former staff member submits the proper documentation signed by the applicant the facility will release documentation concerning any acts of sexual/physical abuse, sexual harassment, and pending litigation related to the former employee. The Director, Program Director and Human Resources Coordinator would be responsible for completing all requests.

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

☐ **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.

Documentation:

Policy 115.318
Pathway Inc. PREA Manual
Blue Prints
Camera Installation Plan

Interviews:

Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager

Policy 115.318 mandates the following:

(a) Policy dictates that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effects of the design, acquisition, expansion, or modifications upon the facility's ability to protect residents from sexual abuse. The Director stated in the interview that all aspects of safety and security are evaluated and addressed in the design of the expansion of any upgrades.

(b) Policy also mandates that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse. Cameras have been added to the facility that provide both visual and sound. There were no visible areas where cameras were not installed except restrooms, sleeping area and therapists offices.

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 evidentiarily 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.) ☐ 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.

Documentation:

Policy 115.221
Pathway Inc. PREA Manual
Agreement with Coffee County Sheriff's Department
MOU with Hope Center Southeast Health Systems
MOU with Rape Crisis Center
MOU Child Advocacy Center

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview Supervisors
Interview Line Staff
Interview Nurse

Policy 115.221 mandates the following:

(a) /(b) The Coffee County Sheriff's Department is responsible for investigation of all allegations of sexual abuse at the facility. The detectives assigned to the sex crimes division as well as the forensic employees of the department follow a uniform evidence protocol procedure to maximize the potential for obtaining usable physical evidence for criminal prosecutions. The protocol is developmentally appropriate for youth using the U.S. Department of Justice's Office on Violence Against Women publication, "A National protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Staff/first responders are instructed to protect any evidence by sealing off the area where the alleged assault took place, advising the victim and alleged perpetrator to not remove their clothing, brush teeth, eat, rinse off body or rinse mouth or eat until they are transported for examination. During interviews with administrative staff, supervisors, and line staff they confirmed this was the policy and practice of the facility. The Director, Chief Operations Officer/ PREA Coordinator and Program Manager/PREA Manager conduct administrative investigations but these are not criminal investigations in nature. These investigations are designed to determine if policy and procedure was followed by staff

(b) Residents who allege they were victims of sexual assault are transported to the Hope Center Southeast Health Systems. These residents will have their sexual assault examination performed by a SANE nurse at the hospital. Advocates are provided to the victim during the examination by the Rape Crisis Center. These services are provided at no charge to the victim. The facility meets this portion of the standard based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Manager/PREA Manager, MOU with Hope

Center Southeast Health Systems, MOU with Rape Crisis Center and MOU Child Advocacy Center.

(c) The facility is provided advocates by the Rape Crisis Center. Residents are also provided with the number to the Rape Crisis Center so they can speak to an advocate at any time. The Child Advocacy Center also provides advocates as requested. The facility meets this portion of the standard based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Manager/PREA Manager, supervisors, line staff, and residents. Residents also have therapists assigned to them upon admittance to the facility as part of the rehabilitative program.

(d) As requested by the victim, the victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals a The facility meets this portion of the standard based on interviews with the Director, Chief Operations Officer /PREA Coordinator, Program Manager/PREA Manager, MOU with Rape Crisis Center, MOU with Child Advocacy Center.

(e) The Coffee County Sheriff's Department is requested to follow the requirements in paragraphs (a) through (e).

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

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Documentation:
Policy 115.322
Pathway Inc. PREA Manual
Agreement Coffee County Sheriff's Office

Interviews
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager

(a) Facility policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Coffee County Sheriff's Department conducts all criminal allegations of sexual abuse and sexual harassment if it arises to a criminal level. The Director and Program Manager and PREA Coordinator investigate allegations of minor sexual harassment such as name calling and unwanted advances. These are dealt with using the facility's disciplinary infraction system.

(b) It is facility's policy to ensure all allegations of sexual abuse or sexual harassment are referred to the Coffee County Sheriff's Department is available on the facility website pathway-inc.com. The Program Manager/PREA Manager and Chief Executive Officer/PREA Coordinator conduct administrative investigations on all allegations of sexual assault and sexual harassment. The administrative investigations related to sexual assault determine if policy and procedures were violated by staff. These are not criminal investigations. All criminal investigations are conducted by the Coffee County Sheriff's Department. Detectives from the sex crimes division who are also assigned to the Child Advocacy Center work with the Alabama Department of Human Resources to investigate all allegations of sexual assault. They work in tandem with a collaborative group at the Coffee County Child Advocacy Center made up of detectives, DHR, medical personnel, counselors, and assistant district attorneys to determine if the case is prosecutable.

The publication on pathway-inc.com describes the responsibilities of the facility and the Coffee County Sheriff's Department in the investigative process. This information was provided to the auditor by the Director, Chief Operations Officer/PREA Coordinator, Program Manager/PREA Manger, and MOU with Coffee County Child Advocacy Center

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, that 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.

Documentation:

Policy 115.331
Pathway Inc. PREA Manual
Employee Training Curriculum
Employee Training Files

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Supervisors
Interviews with Line Staff

Facility Policy 115.331 mandates the following:
(a) The agency shall train all employees who may have contact with residents on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' right to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
(11) Relevant laws regarding the applicable age of consent.
The facility curriculum addresses each of these topics. The training curriculum comes from the PREA Recourse Center's Employee Training program. The training focuses on working with the juvenile population and the unique needs of working in correction facilities for youth. The Program Manager/PREA Manager place a heavy emphasis on training staff to ensure the safety and security of the facility and the residents detained there by conducting all employee training. This training is provided annually to all staff members and provides refreshers if needed. In the auditors interviews with line staff and supervisors their knowledge of PREA, zero tolerance, responsibilities regarding prevention, detection, reporting and response were evident. They knew and understood the resident's right to be free from sexual harassment and sexual abuse as well as their right and the resident's right to be free from retaliation for reporting such acts. Staff discussed what made children who are court involved more susceptible to sexual abuse and harassment, and the common reactions of residents who are being sexually abused or harassed. They discussed the "red flags" that adult offenders and juvenile offenders may display during the grooming process and when engaging in sexual abuse. They have received training on working with LGBTI juveniles. They understand their duties as mandatory reporters and understand the laws of legal consent as it relates to the State of Alabama. It is evident from the interviews that staff training is a priority at this facility.

(b) All training is tailored to the unique needs and attributes of residents detained in the facility. The facility serves males so training is tailored for employees who work with male juveniles. This

information was provided to the auditor through interviews with the Program Manager/PREA Manager, line staff and supervisors.

(a) All staff receive training during their first 40 of new employee training. All staff receive PREA training annually or as needed refresher training. This information was provided to the auditor through interviews with the Program Manager/PREA Manager, line staff and supervisors.

(c) All employee training is documented in their training file. Employees sign a document stating they understood the training they received. This document is placed in their training file. The auditor verified training is being conducted as policy dictates by observing all current employees files.

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

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.

Documentation:
Policy 115.332
Pathway Inc. PREA Manual
Training Curriculum
Contractor Training File

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Contractor

Policy 115.332 mandates the following:

(a) The facility ensures 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. Before volunteers/contractors are allowed to have contact with residents they must complete their PREA training. This training includes the zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. This information was provided by through the interview with the Director, Program Manager/PREA Manager, contractor and contractor training files.
(b) The level and type of training provided to volunteers and contractors is based on the services they provided and the level of contact they have with residents. All volunteers and contractors who have contact with residents receive training on the zero tolerance policy for sexual abuse and sexual harassment and reporting such incidents. This information was provided by through the interview with the Director, Program Manager/PREA Manager and volunteer training files.
(c) The facility maintains PREA training documentation in each volunteer/contractors training file. Volunteers/contractors sign a form indicating they received the PREA training and understand the training they received. This information was provided by through the interview with the Director, Program Manager/PREA Manager and volunteer training files.

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? ☐ Yes x No

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

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

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

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☐ Yes x 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

☐ **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.

Documentation:
Policy 115.333
Pathway Inc. PREA Manual
Resident Training Curriculum
Resident Handbook
Resident Receipt of Information Form

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Supervisors
Interview with Line staff
Interviews with Counselors/Therapists
Interview with Residents

Policy 115.333 mandates the following:

a) During the intake process, residents receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. At the point of intake all residents are given a PREA Manual and sign that they received the handbook. It explains the facility's zero tolerance policy and how to report any incident of sexual abuse or sexual harassment. Residents also go over a PowerPoint which goes into detail about PREA, zero tolerance, reporting options, what to do if you are assaulted, what to do to preserve

evidence, medical treatment, and their right to be free from retaliation. At the end of the presentation residents are asked if they have any questions and they understand what they have been read. They then sign a form stating they received and understood the information. This form is placed in the residents file. Interviews with administrative staff, supervisors, line staff, therapists and residents confirmed this is the practice of the facility. Line staff and supervisors conduct resident training during the intake process.

b) Within 10 days of intake the facility provides a more comprehensive age-appropriate PREA training for residents. The assigned staff member discusses their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting any incident of such. Residents are instructed on what the process is once an allegation of sexual assault or sexual harassment is made. In the auditors interviews with residents they were well versed in their right to be free from sexual assault and sexual harassment. They understood the many ways they could report any sexual harassment or sexual assault (tell a staff member, volunteer, teacher, administration member, PREA Hotline, parent, attorney, probation officer, or using the grievance procedure). Each resident interviewed said that they would tell a trusted staff member if they had any issue while in detention. Residents were very open and comfortable during the interviews. No resident told the auditor they did not want to answer the questions or participate. Line staff and supervisors provide the training using the PREA PowerPoint as their guide. Staff interviewed stated they make sure the residents understand what they are going over during the comprehensive training. Staff also provide refresher training as needed.
c) All residents at the facility had received training before the auditor arrived for the on-site visit. Files audited revealed each resident received training at intake and within 72 hours received the comprehensive more in depth PREA training.
d) Pathway is an intense, cognitively demanding treatment program. As such, pathway will provide resident education in formats assessable to all residents. Pathway treatment programs cannot accommodate those who are limited English proficient, deaf, visually impaired or otherwise disabled.

(d) All residents sign documentation indicating they received the information and understood the information provided to them. This documentation is placed in the resident's file. The auditor observed the signed documentation in each residents file.
(e) PREA posters and pamphlets are located throughout the facility. This was observed during the auditors walk through.

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*)

☐ **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.

Policy 115.443

Pathway Inc. PREA Manual
Training Curriculum PREA Resource Center for Investigators

Interviews:
Interview with Director
Interview with Program Manager/PREA Manager
Interview with Chief Operations Officer/PREA Coordinator

This standard is not applicable to this facility. All criminal investigations are conducted by the Coffee County Sheriff's Department and Alabama Department of Human Resources. The facility does conduct administrative investigations to determine if facility policy and procedure was followed but there is no involvement in the criminal case.

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.)
  ☐ Yes ☐ No x 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

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.

Documentation:
Policy 115.335
Pathway Inc. PREA Manual
Training Files
Training Curriculum
MOU with Hope Center Southeast Health Systems

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Nurse
Interview with Therapist

Policy 115.335 mandates the following:

(a) All full-time and part-time medical and mental health practitioners who work regularly in the facility are trained in, how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations of suspicions of sexual abuse and sexual harassment. The facility has a full-time nursing staff and full-time therapists. Each received the mandatory training in their fields. They also receive the training line staff receives. Interviews with therapists and the nurse confirmed the training was received. This training is documented in their training files.
(b) Medical staff contracted by the facility do not conduct forensic examinations. All forensic medical examinations are conducted at the Hope Center at Southeast Health Systems.
(c) The training documentation of medical providers and therapists are maintained in their training file.

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

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.

Documentation:
Policy 115.341
Pathway Inc. PREA Manual
Resident Files
Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interviews with Therapists
Interviews with Line Staff
Interviews with Supervisors
Interviews with Residents

Policy 115.341 mandates the following:
(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.
(b) Such assessments shall be conducted using an objective screening instrument.
(c) At a minimum, the agency shall attempt to ascertain information about:
(1) Prior sexual victimization or abusiveness;
(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;
(3) Current charges and offense history;
(4) Age;
(5) Level of emotional and cognitive development;
(6) Physical size and stature;
(7) Mental illness or mental disabilities;
(8) Intellectual or developmental disabilities;
(9) Physical disabilities;
(10) The resident's own perception of vulnerability; and
(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
The facility uses the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) developed by the Alabama Department of Youth Services. The screening instrument is objective. Residents are screened within 72 hours by their assigned therapist. The information is maintained on a computer program that is password protected. Only the therapist, Director and Program Manager/PREA Manager have access to the SVVSAB information. Only the information necessary to make housing and programming decisions is provided to supervisors. The auditor viewed the resident's files and found each resident had been given the SVVSAB. Interviews with the residents also confirmed they participated in the SVVSAB within 72 hours of being detained.
(d) This information shall be ascertained through conversations with the resident and therapist during the intake process.
(e) The information is maintained on a computer program that is password protected. Only the therapist, Director and Program Manager/PREA Manager have access to the SVVSAB information.

Only the information necessary to make housing and programming decisions is provided to supervisors.

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 of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? x Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? x Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? x Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? x Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? 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.) x Yes ☐ No ☐ 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.) x Yes ☐ No ☐ 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.) x Yes ☐ No ☐ 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.) x Yes ☐ No ☐ 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.)
  x Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
  x Yes ☐ No

- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes ☐ No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? 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 on the basis of 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.) x Yes ☐ No ☐ 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.) x Yes ☐ No ☐ 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.)
  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.

Documentation:
Policy 115.342
Pathway Inc. PREA Manual
SVVSAB
Resident Files
Isolation Logs

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator

Interview with Program Manager/PREA Manager
Interview with Therapists
Interview with Nurse
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.342 mandates the following:
(a) The facility will use all information obtained pursuant to Standard 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The information provided through the use of the SVVSAB used to determine housing and programming arrangements. The number of housing units allows staff to house by age group, propensity for aggressive behavior and prior victimization and other considerations.
(b) Isolation is not used at this facility. Residents may be sent to speak to their therapist, Director, Program Director or a supervisor to redirect behavior. Residents who refuse to comply with facility rules will be sent expelled from the program and transported back to the detention center of origin.
(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
(d) In deciding whether to assign a transgender or intersex resident to a housing bay, and in making other housing and programming assignments, the agency will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
(e) Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident.
(f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
(1) The basis for the facility's concern for the resident's safety; and
(2) The reason why no alternative means of separation can be arranged.
(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The facility has housed no transgender juveniles during the review period. Several residents have described themselves as openly gay but they were not present at the time of the audit. Isolation is not used at the facility. Residents who refuse to comply with the rules of the facility are expelled and transferred back to the detention center of origin.

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? xYes ☐ 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 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*)

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.

Documentation:
Policy 115.351
Pathway Inc. PREA Manual
PREA Training Curriculum for Staff
PREA Training Curriculum for Residents
Resident Files
Staff Training Files
Posters throughout the facility

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Therapists
Interview with Nurse
Interview with Teacher
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.351 mandates the following:
a) The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have many ways to report at their disposal. Interviews with residents confirmed they understood they had the ability to tell a trusted staff member, file a grievance, tell their legal guardian during visitation or when making weekly phone calls, tell their probation officer, tell their attorney or tell any member of the administrative staff who are on the campus on a daily basis. Residents may also call the PREA Hotline

at the Alabama Department of Youth Services. Reports can be made anonymously or as a third party reporter. Administrative staff, Supervisors and line staff also listed the reporting options available to residents of the facility. These reporting options are discussed at the time of intake and during the more comprehensive PREA Orientation that takes place in the first 72 hours of confinement.
(b) The facility also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents can call the Alabama Department of Youth Services PREA Hotline. The state PREA Coordinator will review all messages left on the hotline number daily and report any issues to the facility where the alleged sexual assault or sexual harassment took place. The Facility Manager will initiate an investigation at that point. All criminal investigations of alleged sexual assault will be handled by the Coffee County Sheriff's Department and Alabama Department of Human Resources. During this review period there have been no calls made to the PREA Hotline at the Alabama Department of Youth Services regarding sexual assault or sexual harassment at the Pathway DYS Boys Campus 1. This information was obtained by the auditor through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, therapists and Residents. Residents have access to their legal guardians through phone calls, visitation and home visits. They are also allowed to write letters to their legal guardian, and probation officers.
(c) Staff members accept reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. These reports are documented and passed directly to the Supervisor who immediately contacts the Program Manager/PREA Manager. All allegations are investigated and reported to the Coffee County Sheriff's Department. This information was obtained through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, therapists, and residents.
(d) The facility provides residents with access to tools necessary to make a written report. Residents are supplied with writing utensils as requested. If a resident requests to write a grievance a form is given to them and they are provided a pencil. The grievance is placed in the grievance box or given to a member of the administrative team who is actively on the campus daily. This information was provided to the auditor through interviews with Administrative Staff, Supervisors, Line staff, Nurse, therapists, teachers and Residents.
(e) The facility provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff members may also use the PREA Hotline at the Alabama Department of Youth Services or they may report directly to the Coffee County Sheriff's Department or the Alabama Department of Human Resources. Staff also stated they could contact the Director or Program Manager/PREA Manager directly with any concerns they may have about a juvenile's sexual safety.

No residents are held in this facility for immigrations purposes.

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. ☐ Yes x 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.

Documentation:
Policy 115.353
Pathway Inc. PREA Manual
Resident Training Curriculum
Staff Training Curriculum
Resident Handbook
Resident Receipt of Information Form
www.pathway-inc.com

Interviews:
Interview with Director
Interview with Program Manager/PREA Manager
Interview with Chief Operations Officer/PREA Coordinator
Interview with Therapists
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.352 mandates:

(a) Residents are provided with access to tools to make written reports of any form of abuse, sexual harassment, retaliation by another client or staff member and staff neglect or violation of responsibilities.
(b) Reports/grievances can be given to any staff member at any time.
(c) Under no circumstances will the resident/client be required to submit the written complaint to the staff member who is subject of the complaint
(d) Pathway permits third parties including, fellow residents, staff members, family members, attorneys and outside advocates to assist clients/residents in filing request for administrative remedies relating to allegations f sexual abuse and file such requests on behalf of clients/residents. A third party reporting form can be located on the pathway-inc.com website. Clients/residents are encouraged to report any act of sexual abuse or sexual harassment that they witnessed or suspect
(e) If a client/resident declines to have third party assistance in filing a grievance alleging sexual abuse, Pathway will document the client/resident's refusal. The client/resident cannot refuse if the third party report is made by the legal guardian of the child.
(f) An emergency grievance can be filed alleging substantial risk of imminent sexual abuse. Emergency grievances will require an initial response within 48 hours and must be immediately reported to the PREA Manager or Director. With guidance the PREA Manager or Director staff will take immediate action to protect the client/resident fro potential imminent sexual abuse. A final decision regarding an emergency grievance will be made and issued within 5 days.

This information was obtained by reviewing the listed information and through interviews with administrators, therapists, supervisors, line staff, and residents.

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 assessible 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.) x Yes ☐ No ☐ 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 into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? x Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into 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.

Documentation
Policy 115.353
Pathway Inc. PREA Manual
Resident Handbook
PREA Training Orientation Resident
Log Books

Interviews:

Interview Director
Interview with Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview with Therapists
Interviews with Supervisors
Interviews with Residents
Interviews with staff

The facility reports there have been no allegations of sexual abuse and 6 allegations of sexual harassment against the facility. The sexual harassment allegations were investigated and found to be name calling incidents. Residents were re-trained in PREA and their behavior was re-directed.

(a) The facility provides residents with access to outside victim support services related to sexual abuse through and MOU with the Rape Crisis Center, MOU with the Child Advocacy Center and a phone number to contact the Rape Crisis Center at any time. The RAPE Crisis Center provides the facility with toll free number residents can use to talk to outside victim support advocates. These advocates are trained by the national Rape Crisis Center. This number is prominently posted throughout the facility. Residents can ask a staff member at any time to make the phone call and they will be provided with a confidential space to talk to their advocate. There are no residents who are being held solely for immigration purposes. Residents may call to speak with advocates confidentially. This is explained to residents during the intake process and more in depth during PREA orientation. This is also discussed in the resident handbook.

(b) The facility has a MOU for advocate services with the Rape Crisis Center to provide advocate services. The facility also has a MOU with the Coffee County Child Advocacy Center who provides therapist to victims of sexual assault. Residents are also assigned a therapist upon their intake to the facility and they meet with them regularly.

(d) Residents may contact their attorney if needed. However most residents no longer haves an attorney when they arrive to the program. Staff will place phone calls to attorneys if residents requests. They are provided legal access to their attorney and probation officers. Residents are provided access to their legal guardians through weekly phone calls, letters home, visits and home passes depending on their level in the program.

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

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Documentation:
Policy 115.554
Pathway Inc. PREA Manual
Resident Handbook
www.pathway-inc.com
Alabama Department of Youth Services Website

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Therapists
Interviews with Supervisors
Interviews with Residents
Interviews with Staff

(a) The facility policy allows third party individuals to assist the resident in filing a PREA related grievance as well as allows third parties (other residents, employees, teachers, attorneys, parents, volunteers, etc.) to file grievances on the behalf of residents. Residents are provided this information during orientation and at the intake process. Visitors to the facility will find the information posted on the Pathway Inc. website, www.pathway-inc.com along with the investigative procedure. This information along with a Third Party Reporting form is also located on the Alabama Department of Youth Services website.

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? x 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.

Documentation:
Policy 115.361
Pathway inc. PREA Manual
Training Curriculum Staff

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Therapists
Interviews with Nurse

Interviews with Teachers
Interviews with Staff
Interviews with Supervisors

(a) The facility policy requires staff to immediately report any suspected or alleged abuse, sexual harassment or neglect to their supervisor or administrative staff. Staff are also required to report any form of retaliation to supervisory staff and/or administrative staff immediately.
(b) Staff are mandatory reporters and receive training in their duties upon employment and every two years thereafter. Retaliation of those who report sexual abuse, sexual harassment or neglect is not tolerated and will be dealt with up to and including termination. Staff may also report to law enforcement, DHR, DYS or the PREA Hotline.
(c) Staff are prohibited from revealing any information regarding sexual abuse or sexual harassment to anyone but law enforcement, medical, administrative personnel only.
(d) Medical, mental health and teachers are also mandatory reporters and must report any suspected or alleged abuse, sexual harassment or neglect. Medical and mental health staff notify residents their duty to report incidents of abuse or neglect before providing services.
(e) Upon receiving an allegation, the Director shall promptly report it to the Coffee County Sheriff's Department and DHR for investigation. The Director shall also notify the parent/legal guardian unless the facility possesses legal documentation they are not to be notified. The allegations shall be reported to the victims' attorney within 14 days as well as their DHR worker if they have one. If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Director and Program Manager/PREA Manager of the facility will be notified immediately of the situation.
(f) All allegations of sexual abuse or sexual harassment are reported for investigation. These allegations can be third party, anonymous, etc. The director will also notify the licensing authority, Alabama Department of Youth Services.

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.

Documentation:
Policy 115.362
Pathway Inc. PREA Manual
Staff Training Curriculum

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Therapist
Interview with Teachers
Interview with Nurse
Interviews with Staff
Interviews with Supervisors

(a) If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Director or Program Manager/PREA Manager of the facility will be notified immediately of the situation. The facility takes the safety of the resident extremely serious and provides immediate action to insure safety. The resident can be placed in a different living area if needed to ensure their safety. Isolation is not used in the facility.

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? xYes ☐ 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.

Documentation:
Policy 115.363
Pathway Inc. PREA Manual
Staff Training Curriculum

Interviews:
Interview Director
Interview Chief Operations officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview Therapists
Interview Nurse
Interview Teachers
Interview with Staff
Interview with Supervisors

(A) The facility reports there have been no allegations of sexual abuse or sexual harassment made by residents regarding another facility they were housed at prior to arriving at Pathway Inc Boys Campus 1. If a resident were to make an allegation against another facility the director would report the allegation

to the administrator of the facility were the alleged abuse occurred. The director would also make a report with DHR and the investigative agency of the facility.

(B) Reports are made within 72 hours of receipt of the allegation.

(C) This information is documented and placed in the residents file as well as a file in the director's office.

(D) The director of the facility will ensure that the investigation is completed as directed in the standard.

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.

Documentation:
Policy 115.364
Pathway Inc. PREA Manual
Staff Training Curriculum
Volunteer Training Curriculum

Interviews:
Interview Director
Interview with Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interviews with Staff
Interview with Supervisors
Interview with Therapists
Interviews with Nurse
Interviews with Volunteers
Interview with Teachers

Pathway Inc. DYS Boys Campus 1 has had 6 allegations of sexual harassment and three allegations of sexual abuse. The harassment allegations were investigated and found to be incidents of name callings. Residents were retrained in PREA and behavior re-directions. The allegations of sexual abuse are currently being investigated by law enforcement and DHR. The alleged perpetrator was an employee of the facility who was placed on administrative leave then resigned before termination could occur. The facility is actively participating with law enforcement to address the issue.

(a) During staff interviews it was evident to the auditor that they were well versed in the duties of a first responder. Staff understood their first step in responding to a sexual assault is to separate the alleged victim from the alleged abuser. Staff understood the importance of preserving the crime scene and described the procedures for locking the door or roping off the areas allowing no one other than law enforcement to enter the scene. Staff also described what steps they would take to secure the evidence that may be located on the victim and alleged perpetrator (do not allow the resident to use the restroom, brush their teeth, bathe, change clothes, or eat or drink). They also detailed to me the steps they would take to get the victim immediate medical attention and the location they would go to for treatment.
(b) Interviews with staff members who were not identified as security staff indicated they understood their responsibility to ensure the alleged victim and alleged abuser do not destroy possible evidence and notify the security staff of the incident immediately.

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? 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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Documentation:
Policy 115.365
Pathway Inc. PREA Manual

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Agreement Coffee County Sheriff's Department
Agreement Hope Center Southeast Health Systems
MOU Rape Crisis Center
MOU Coffee County Child Advocacy Center
Interviews with staff
Interview with Supervisors
Interview with Therapists
Interview with Nurse

(a) Pathway Inc. DYS Boys Campus 1 has a written institutional plan included in the PREA Manual which clearly identifies the coordinated response to an incident of sexual abuse among first responders, medical

and mental health practitioners, investigators, DHR, victim advocates, district attorney, and facility leadership. The facility reports all allegations of sexual abuse to the Coffee County Sheriff's Department. Residents are transported to Hope Center Southeast Health Systems. Advocates are provided through all steps of the medical and investigative process through a MOU with the Rape Crisis Center. Administrative staff conduct an independent investigation to ensure policy and procedure were followed. A team at the Coffee County Child Advocacy Center made up of health practitioners, criminal investigators, DHR, victim advocates and district attorneys determine if a criminal case will be prosecuted. The director of the facility will be notified of their decision.

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 into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes x 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.

Documentation:
Policy 115.366
Pathway Inc. PREA Manual

Interview:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview Human Resources Coordinator

No agreement for collective bargaining exists on the agency's behalf preventing Pathway from ensuring safety of an alleged victim from an alleged abuser. Pathway has the authority to place alleged staff abusers on administrative leave pending the outcome of an investigation of sexual abuse and/or sexual harassment. Pathway has the authority to remove a client/resident contact with a resident/client who has been accused of sexual abuse or sexual harassment.

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? xYes ☐ 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.

Documentation:
Policy 115.367
Pathway Inc. PREA Manual
Unannounced Rounds Log
Log Books
Resident Rosters
Staffing Assignments

Interviews;
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview Therapists
Interviews with Staff
Interview with Supervisors
Interview with Residents
Interviews with Nurse
Interviews with Teachers
Interview with resident who made a third party report

Pathway Inc. DYS Boys Campus 1 had 6 allegations of sexual harassment and three allegations of sexual abuse by a staff member. Investigations revealed these allegations of sexual harassment were focused on name calling. Residents received PREA retraining and behavior redirection. The allegations of sexual abuse are currently being investigated by law enforcement and DHR. Program staff are actively participating in the investigation. There have been no reports of retaliation during the past 12 months that was made known or suspected. In the auditors interview with the resident who acted as a third party reporter in allegations of abuse there was no indication the juvenile felt intimidated or harassed because of his actions. He stated if he had an issue he would tell a staff member or the program manager.

(a) Pathway will protect all clients/residents and staff who report sexual abuse or sexual harassment and cooperate with sexual abuse or sexual harassment investigations from retaliation. Pathway will employ multiple protections measures, including housing changes or transfers for clients/resident victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations. Supervisors and the PREA Manager will monitor retaliation of residents and staff.

(b) Monitoring will last at least 90 days but can be longer if required. First line supervisory staff as well as the Director and Program Manager conduct random unannounced rounds which are documented. Protection measures are in place to ensure the safety of residents and staff. Residents can be reassigned to a different living bay or programming schedule to ensure they are not in contact with their alleged abuser or with anyone who is retaliating against them. In the case of staff abusers they will be placed on administrative leave until the investigation is concluded.
(c) Monitoring will last at a minimum 90 days. This monitoring will include view all disciplinary reports involving the resident, housing changes, and programming changes. All staff performance reviews and assignments will be monitored to insure they are not being retaliated against.
(d) Periodic status checks will be conducted by the Director and Program Manager on residents who have alleged abuse or who have participated in the investigative process.
(e) All staff and residents who cooperate in the investigative process are protected and the same monitoring is put in place to ensure they are not retaliated against.

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 any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? 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.

Documentation:
Policy 115.368
Pathway Inc. PREA Manual

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview Therapists
Interview Supervisors
Interview line staff

(a) Isolation is not used at this facility. Residents can be moved to another living unit to ensure their safety. If the facility feels it is in the best interest of the resident to be removed from the Pathway Campus and moved to one of the other Pathway facilities the PREA Coordinator will be contacted. Documentation will be provided to the director detailing why less restrictive measures were unable to be used.

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).] x Yes ☐ No ☐ 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).]
  x Yes ☐ No ☐ 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? ☐ Yes x 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? ☐ Yes x 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 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? ☐ Yes x 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).) 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.

Documentation:
Policy 115.372
Pathway Inc. PREA Manual
Agreement Coffee County Sheriff's Department
MOU Coffee County Child Advocacy Center

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Supervisor
Interview with Staff
Interviews with Therapists

An interim report was submitted to the facility on October 10, 2019. The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff.

Pathway Inc. DYS Boys Campus 1 had 6 allegations of sexual harassment and three allegations of sexual abuse by a staff member. Investigations revealed these allegations of sexual harassment were focused on name. Residents received PREA retraining and behavior redirection. The three allegations of sexual abuse by a staff member are currently under investigation by law enforcement. The facility is actively participating in the investigative process. The staff member was placed on administrative leave and resigned before officially being terminated.

(a) All allegations of sexual abuse and sexual harassment are turned over to the Coffee County Sherriff's Office. The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act contributed to the abuse.
(b) The Coffee County Sheriff's Department has detectives trained to work with juveniles who have alleged to be the victims of sexual abuse. These officers are assigned to the Coffee County Child Advocacy Center. They will determine the relevance of all allegations.
(c) Evidentiary standards in their investigations will be set by law enforcement policy at the Coffee County Sheriff's Department. It is facility policy to provide the Coffee County Sheriff's Department with all relevant reports, video evidence and access to the alleged victim, alleged abuser and witnesses.
(d) Facility policy dictates that the investigation does not terminate due to the recant of the alleged victim.
(e) The agency does not interfere with the criminal investigation and will not conduct interviews that may be detrimental to the criminal case.
(f) Facility policy does not base the credibility of a victim on his/her status as a resident or staff member. No resident will be polygraphed to determine truthfulness as an investigative tool.
(g) The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act contributed to the abuse. This is documented and maintained by the director.
(h) All criminal investigations are conducted by the Coffee County Sheriff's Department. They will document their investigation based on their policy and procedure.
(i) If criminal behavior is found it will be prosecuted. This decision will be made by the Coffee County Sheriff's Department and Coffee County District Attorney's office.
(j) The facility retains all written reports on the resident abuser and staff member for more than 5 years. Any staff member who engages in sexual abuse will be terminated.
(k) Departure of the alleged victim or alleged perpetrator will not terminate the investigation.
(l) Not applicable
(m) The facility will work with the Coffee County Sheriff's Department to remain informed of what is going on in the investigation to the best of their ability.

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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Documentation:
Policy 115.372
Pathway Inc. PREA Manual
Agreement Coffee County Sheriff's Department
MOU Coffee County Child Advocacy Center

Interview:
Interview Chief Operations Officer/PREA Coordinator
Interview with Director
Interview with Program Manager/PREA Manager

An interim report was submitted to the facility on October 10, 2019. The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff.

Pathway Inc. DYS Boys Campus 1 had 6 allegations of sexual harassment and three allegations of sexual abuse by a staff member. Investigations revealed these allegations of sexual harassment were focused on name calling. Residents received PREA retraining and behavior redirection. The three allegations of sexual abuse by a staff member are currently being investigated by law enforcement. The facility is actively participating in the investigation.

(a) All allegations of sexual abuse and sexual harassment are turned over to the Coffee County Sherriff's Office. They will determine the relevance of all allegations. Evidentiary standards in their investigations will be set by law enforcement policy.
(b) Allegations of sexual abuse or sexual harassment as part of an administrative investigation will be based on a preponderance of the evidence.

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.

Documentation:
Policy 115.373
Pathway Inc. PREA Manual
Agreement Coffee County Sheriff's Department
Form "Resident Notification of Findings and Actions PREA"

Interviews:
Interview Chief Operations Officer/PREA Coordinator

Interview with Director
Interview with Program Manager/PREA Manager

An interim report was submitted to the facility on October 10, 2019. The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff. Clients who were still housed at the facility were notified of the investigative findings. The notifications were placed in the client files.

Pathway Inc. DYS Boys Campus 1 had 6 allegations of sexual harassment and three allegations of sexual abuse by a staff member. Investigations revealed these allegations of sexual harassment were focused on name calling. Residents received PREA retraining and behavior redirection. The three allegations of sexual abuse by a staff member are currently being investigated by law enforcement. The facility is actively participating in the investigation.

(a) Policy dictates resident is notified if allegations are found to be substantiated, unsubstantiated, or unfounded.
(b) This information is requested from the Department of Human Resources and Baldwin County Sheriff's Department
(c) The resident is informed in writing if the staff member who allegedly abused them is removed from their living unit, charged with the crime, or convicted.
(d) The resident is notified in writing if a resident they alleged abused them is charged, or convicted.
(e) This information will be documented on the Resident Notification of Findings and Actions PREA form.

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)

- Are 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? 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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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.

Documentation:
Policy 115.376
Pathway Inc. PREA Manual
Employee Handbook
Staff Training Curriculum

Interviews:
Interview with Director
Interview with Chief Operations Officer/PREA Coordinator
Interview with Program Manager/PREA Manager
Interview with Line staff
Interviews with supervisors

(a) One staff member was placed on administrative leave for allegations of sexual abuse. The employee resigned before termination proceedings could begin. The former employee is currently under investigation by law enforcement. The facility is actively participating in the investigation. Staff members are subject to disciplinary action for violating the zero tolerance policy of sexual abuse or sexual harassment up to and including termination.
(b) The presumptive disciplinary action for staff who sexually abuses a resident is termination.
(c) One staff member was reported to law enforcement, DHR and the licensing authority for violating agency policies related to PREA.
(d) Policy dictates that the resignation or termination of a staff member who is accused of violating the agencies zero tolerance policy is reported to law enforcement and DYS. The former employee's resignation was reported to law enforcement, DHR, and the Alabama Department of Youth Services.

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? 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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Documentation:
Policy 115.378
Pathway Inc. PREA Manual
Volunteer/Contractor Handbook
Volunteer/Contractor Training Curriculum

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview Volunteer

(a) There have been no volunteer or contract personnel disciplined for violations of the facility's sexual abuse or sexual harassment policies in the past 12 months.
(b) There have been no volunteer/contractor reported to law enforcement or the licensing authority for violating agency policies related to PREA. The facility's policy requires that volunteer or contract personnel be subject to disciplinary action up to and including dismissal for violations of sexual abuse, sexual harassment, sexual misconduct and retaliation. The presumptive disciplinary action for sexual abuse is dismissal. The policy of the facility meets the requirements of the standard.

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 be 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 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.

Documentation:
Policy 115.378
Pathway Inc. PREA Manual
Resident Handbook
Resident Training Curriculum
Staff Training Curriculum

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview with Therapists
Interviews with supervisors
Interviews with staff

Interviews with residents
Interview with Nurse

An interim report was submitted to the facility on October 10, 2019. The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff. No client was disciplined for any of the incidents reported.

Pathway Inc. DYS Boys Campus 1 had 6 allegations of sexual harassment and three allegations of sexual abuse by a staff member. Investigations revealed these allegations of sexual harassment were focused on name calling. Residents received PREA retraining and behavior redirection. The three allegations of sexual abuse by a staff member are currently being investigated by law enforcement. The facility is actively participating in the investigation.

(a) Policy prohibits any type of sexual activity between residents as well as any form of sexual harassment. Policy dictates that if any law enforcement investigation determines that a resident is guilty of sexual abuse he/she will be disciplined on a case-by-case basis.
(b) The policy outlines the criteria for disciplinary sanctions based on those listed in the standard. Isolation is not used at this facility. The resident can be removed from the facility and placed in secure detention if charged with a new crime.
(c) A resident's mental disabilities and mental illness diagnosis will be considered in determining disciplinary action.
(d) Therapy and counseling designed to address the behavior is part of the in-house disciplinary process.
(e) Residents will only be disciplined for engaging in sexual acts with a staff member if it is found the staff member was not a consensual partner.
(f) Reports made by residents in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying even if an investigation does not substantiate the allegation.
(g) All sexual contact is prohibited at the facility. Consensual sexual contact between two residents will lead to disciplinary action including and not excluding expulsion from the program.

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

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.

Documentation:
Policy 115.381
Pathway Inc. PREA Manual
Intake Resident Training Information
PREA Orientation Training
SVVSAB Screening Instrument
Resident Files

Interviews
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interview with Nurse
Interview with Therapists
Interview with Supervisors
Interview with Staff
Interviews with Residents

(a)(b)Pathway Inc. DYA Boys Campus 1 policy provides for a resident who indicates they have been a victim of sexual abuse or perpetrator in the past whether it was in a institution or in the community to be provided the opportunity to meet with their therapist within 72 hours of admission. The therapist conducts the SVVSAB Screening Instrument. Residents are also seen by facility medical staff within 72 hours of being detained.
(c) The information gathered by the mental and health care personnel is password protected and can only be viewed by mental health and medical staff along with the director and program manager.

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

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Documentation:
Policy 115.382
Pathway Inc. PREA Manual
Intake PREA Training Information
PREA Orientation Training
SVVSAB Screening Instrument
Resident Files

Interviews
Interview Director
Interview Chief Operations Officer/PREA Coordinator

Interview Program Manager/PREA Manager
Interview Therapist
Interview with Nurse
Interview with Supervisors
Interview with Staff
Interviews with Residents

(a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
(b) Victims are transported to the Hope Center Southeast Health Systems to be examined by a SANE nurse and a sexual assault kit obtained. Crisis Intervention Services will be provided by the Rape Crisis Center and facility therapists and medical staff.
(c) Victims are provided information on sexually transmitted illness. Victims are treated for STI with a prophylaxis and provided medication to prevent pregnancy.
(d) These services will be provided at no charge to the victim no matter their level of cooperation with the investigation by law enforcement.

Facility staff stated that the alleged victim of staff sexual misconduct was transported to the clinic to be tested for STI immediately upon being made aware of the allegations. This service was provided at no charge and follow up appointments will be scheduled in the future if necessary. The resident also met with a therapist to discuss the issues related to the allegations.

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.

Documentation:
Policy 115.382
Pathway Inc. PREA Manual
Agreement Coffee County Sheriff's Department
Agreement Hope Center Southeast Medical System
MOU Coffee County Child Advocacy Center

Interviews:
Interview Director
Interview Chief Operations Officer/PREA Coordinator
Interview Program Manager/PREA Manager
Interviews with staff
Interviews with Supervisors
Interviews with line staff
Interview with Therapists
Interview with Nurse

(a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims will be transported to Hope Center Southeast Medical System. Residents will be offered continued medical and mental health care through the Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.
(b) Follow up and continued care will be provided for all victims of sexual abuse in the facility. Residents will be offered continued medical and mental health care through the Coffee County Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.
(c) The level of care provided to victims is equal to or greater than the level of care in the community.
(d) Residents receive prophylaxis for STI's at no cost.
(e) Policy dictates that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 72 hours of learning of such an abuse history and offer treatment when deemed appropriate by mental health care providers.

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

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.

Documentation:
Policy 115.386
Pathway Inc. PREA Manual

Interviews:
Interview Chief Operations Officer/PREA Coordinator
Interview Director
Interview Program Manager/PREA Manager
Interview Therapists
Interviews with Supervisor
Interview with Counselor
Interview with Nurse
Interview with Human Resources Coordinator

An interim report was submitted to the facility on October 10, 2019. The investigations of allegations of sexual abuse were conducted by the Alabama Department of Human Resources (DHR) and Coffee County Sheriff's Department. Allegations were concluded to be unfounded. The facility provided the auditor with the conclusion of each of the investigations. The facility conducted a review of all allegations and policy and procedure changes were developed to address challenges found during the investigative process. Cameras were added to the facility and policy addresses clients remaining on camera at all times when meeting with program staff.

(a)Facility policy dictates the Facility Manager/PREA Manager chairs the PREA Incident Review Team. A review is conducted after each sexual abuse investigation.
(b)The review will take place within 30 days of the conclusion of the investigation by law enforcement.
(c) The committee consists of the PREA Manager, senior shift supervisor, nurse and therapist.
(d)They consider if policy, staffing numbers, or video monitoring changes need to occur to prevent future incidents, if the attack was motivated by race, ethnicity, gender identity, LGBTIQ identification, gang affiliation or was motivated by or caused by other group dynamics in the facility.
(e) A comprehensive report will be compiled and submitted to the Chief Operations Officer/PREA Coordinator and Executive Director with suggested changes. The Executive Director will implement the suggested changes or document reasons for not doing so.

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*)

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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.

Documentation:
Policy 115.387
Pathway Inc. PREA Manual
SSV-JJ Form

Interview:
Interview Chief Operation Officer/PREA Coordinator
Interview Director
Interview Program Manager/PREA Manager

Pathway Inc. DYS Boys Campus 1 policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The PREA Manager prepares the report for the facility and makes it available to the public on their website www.pathway-inc.com . Before the information is made public, all identifying information is removed.

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

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☐ **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.

Documentation:
Policy 115.388
Pathway Inc. PREA Manual
SSV-JJ Form

Interview:
Interview Chief Operation Officer/PREA Coordinator
Interview Director
Interview Program Manager/PREA Manager

Pathway Inc. DYS Boys Campus 1 policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The PREA Manager prepares the report for the facility and makes it available to the public on their website www.pathway-inc.com . Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility's sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year's data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse.

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

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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.

Documentation:
Policy 115.389
Pathway Inc. PREA Manual
SSV-JJ Form

Interview:
Interview Chief Operation Officer/PREA Coordinator
Interview Director
Interview Program Manager/PREA Manager

Pathway Inc. DYS Boys Campus 1 policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The PREA Manager prepares the report for the facility and makes it available to the public on their website www.pathway-inc.com . Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility's sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year's data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse.

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.*) ☐ Yes x 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*.) x Yes ☐ 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 ☐ No x 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.) ☐ Yes ☐ No x 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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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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.

This is the first audit of Pathway Inc. DYS Boys Campus 1. The auditor was provided with free access to the facility at all times during the on-site visit. The auditor was provided with all requested materials including: employee files, resident riles, training files, training curriculum, video access, isolation monitoring logs, behavior reports, SVVSAB screenings, monthly population reports, daily rosters, MOU's for all agencies, etc. The Auditor was provided with a private area to conduct interviews with randomly selected staff members from all shifts, randomly selected residents from all housing areas, administrative staff, nurse and therapists. The auditor's address was posted throughout the facility and residents indicated they were given the opportunity to write the auditor though none chose to do so.

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.) ☐ Yes ☐ No x NA

Auditor Overall Compliance Determination

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

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Instructions for Overall Compliance Determination Narrative

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This is the first PREA Audit for Pathway Inc. DYS Boys Campus 1.

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.

Georgeanna Mayo Murphy 12/07/2019

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.