

PREA Facility Audit Report: Final

Name of Facility: Pathway of Baldwin County

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/09/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 07/09/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	05/25/2022
End Date of On-Site Audit:	05/26/2022

FACILITY INFORMATION	
Facility name:	Pathway of Baldwin County
Facility physical address:	23750 Ewing Farm Road, Atmore, Alabama - 36502
Facility mailing address:	

Primary Contact	
Name:	Kimberly Fail
Email Address:	kfail@pathway-inc.com
Telephone Number:	2516359880

Superintendent/Director/Administrator	
Name:	Kimberly Fail
Email Address:	kfail@pathway-inc.com
Telephone Number:	2516359880

Facility PREA Compliance Manager	
Name:	Grace McGee
Email Address:	gmcgee@pathway-inc.com
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Amy Graham
Email Address:	agraham@pathway-inc.com
Telephone Number:	2515331338

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	47
Average daily population for the past 12 months:	42
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-18
Facility security levels/resident custody levels:	Non-secure
Number of staff currently employed at the facility who may have contact with residents:	79
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Pathway, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	PO Box 311206, Enterprise, Alabama - 36331
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Joe Peeples
Email Address:	jpeeples@pathway-inc.com
Telephone Number:	(334) 894-5591

Agency-Wide PREA Coordinator Information	
Name:	Kimberly Fail
Email Address:	kfail@pathway-inc.com

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.373 - Reporting to residents
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-25
2. End date of the onsite portion of the audit:	2022-05-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	42
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	45
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	86
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The staff at the facility work both campuses.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	1

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Selected residents in each housing unit and a combination of male/female</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

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

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through documentation review, report from facility and interviews there were zero identified.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through documentation review, report from facility and interviews there were zero identified.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through documentation review, report from facility and interviews there were zero identified. Initially the auditor was provided four names however after reviewing the allegations were sexual harassment.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through documentation review, report from facility and interviews there were zero identified.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	30
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	1	1	0	1
Total	4	1	4	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0	0
Total	1	0	1	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	1	0	3	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	1
Total	0	1	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	4
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The SA allegations with residents involved consensual sexual acts of residents. One allegation of SA with staff is pending and was referred to law enforcement. However, upon review the allegation may be sexual harassment in nature.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

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

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pathway of Baldwin County provides therapeutic treatment for adjudicated youth ages 10-18. Our goal is to provide a safe environment to foster positive behavioral changes and prevent further juvenile court involvement. The program strives to create positive change, achieved by enhancing social skills, enriching family relationships, increasing personal accountability, reducing risky behavior and improving overall academic participation. Participants are provided individual, group, and family counseling as well as basic living skills education to achieve their individualized treatment goals. The program has the capacity for 32 males and 16 females and is licensed by the Department of Youth Services.</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Organizational Chart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.311 (a). As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual, "This manual provides guidelines and procedures to reduce the risk of sexual abuse and sexual harassment at all Pathway, Inc owned and operated facilities. It is also a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff, residents, volunteers, contractors and facility leadership. Pathway is committed to a zero-tolerance standard for sexual abuse and sexual harassment either by staff or by other residents" (p. 1). The policy provides a process for which the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual, further defines sexual abuse:</p> <p>Sexual Abuse:</p> <p>Sexual abuse of a client/resident by a staff member, contractor, or volunteer when the victim does not consent and is coerced into such acts by overt or implied threats of violence or is unable to consent or refuse. These include any of the following actions:</p> <p>Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;</p> <p>Contact between the mouth and the penis, vulva, or anus;</p> <p>Contact between the mouth and any body part when the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;</p> <p>Penetration of the anal or genital opening, however slight, by a hand, finger, or object, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;</p> <p>Any intentional contact, either directly or through the clothing, with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;</p> <p>Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above in letters a through e;</p> <p>Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and</p>

Voyeurism by a staff member, contractor, or volunteer that involves an invasion of a resident's privacy by staff for reasons unrelated to official duties such as:

- Peering at a resident who is using a toilet in the residence to perform bodily functions;
- Requiring a client/resident to expose his buttocks, genitals or breasts; or taking images of all or part of a client's/resident's naked body or of a client/resident performing bodily functions, regardless of what the staff member does with the images afterwards.

Sexual abuse of a client/resident by another client/resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Abuse Advocate - An individual specifically trained to offer advocacy, support, crisis intervention, information, and referrals to a victim of sexual abuse.

Sexual Abuse Response Team (SART) - A team of staff which may include Pathway's Program Director, Therapists, Senior Shift Leader Supervisors and auxiliary staff. The team is managed by the Program Director. The purpose of the team is to ensure a holistic approach to investigations and support for victims.

Sexual Abuse Forensic Examination - A process performed by a sexual abuse nurse examiner (SANE) during which the medical forensic history and evidence is obtained from the client. The SANE must offer the resident information on sexually transmitted infections, and other non-acute medical concerns.

Sexual Coercion - Compelling or inducing another person to engage in sexual abuse by deceit, threats, force or intimidation for personal favors.

Sexual Harassment -

- Client/Resident to Client/Resident sexual harassment includes repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client/resident or clients/residents directed towards another.
- Staff to Client/Resident sexual harassment includes repeated verbal comments or gestures of a sexual nature to a client/resident or clients/residents by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff Sexual Misconduct - The following acts when performed by agency staff, contractors, or volunteers when directed at a client/resident for the purpose of gratifying the sexual desire(s) of any person, encouraging a client/resident to engage in staff sexual misconduct, or that have sexual undertones:

Making any of the following:

- Comments about a client's/resident's body, looks, or conduct intended to arouse or gratify the sexual desire of any person, or to abuse, humiliate, harass, or degrade any person.
- Sexually oriented statements or gestures in the presence of a client/resident; or
- Demeaning statements based on gender or sexual orientation in the presence of a client/resident.

Giving or accepting personal letters, pictures, phone calls, or contact information with a client/resident, or his/her family, without express authorization of the parent or legal guardian.

Engaging in discussions about personal information with a client/resident, or his/her family, or to encourage a client/resident to engage in communication or conduct with a staff person that would constitute staff sexual misconduct.

Dealing, offering, receiving, or giving favors or attention to a client/resident for purposes of grooming, bribing, or otherwise seeking to engage a client/resident in activities prohibited by policy.

Discussing or preventing clients/residents, staff, contract workers, and/or volunteers from:

Making good faith reports of staff sexual misconduct; or

- Providing, in good faith, information regarding sexual misconduct where a client/resident is the alleged victim, including such examples as, making threats, bribes, or acts of coercion toward a resident, staff, contract worker, or volunteer. This does not include short-term temporary delays in reporting necessary to ensure safety/security in the facility or instances where the staff, contract worker, or volunteer would not reasonably have known under the circumstances that he/she was in violation of this policy.
- Attempting to perform acts prohibited by this policy.
- Aiding or abetting another person to perform acts prohibited by this policy, including intentionally failing to report knowledge of another staff, contract worker, or volunteer engaging in staff sexual misconduct or other acts prohibited by this policy (pp 2-5).

Furthermore, the policy includes sanctions for those found to have participated in prohibited behaviors:

DISCIPLINE: It is the policy of Pathway that all staff will be subject to disciplinary sanctions up to and including termination for violating the sexual harassment and sexual abuse policies.

Staff that have engaged in sexual abuse, sexual coercion, or sexual harassment will be terminated from Pathway.

Disciplinary sanctions for violating the sexual abuse or sexual harassment policy but not for actually engaging in sexual abuse will be based on the following:

- The nature and circumstances of the acts committed.
- The staff member's disciplinary history.
- The sanctions imposed for similar offenses by other staff with similar histories.

All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement.

All contractors and volunteers who violate Pathway's sexual abuse and/or sexual harassment policies will be prohibited from further contact with clients/residents. Where applicable, law enforcement and licensing agencies will be notified. Pathway will take appropriate remedial measures and consider whether to prohibit further contact with clients/residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Clients/residents will be subject to disciplinary sanctions through a formal disciplinary process following;

- An administrative finding that the client/resident engaged in client/resident - on - client/resident sexual abuse or sexual harassment.
- Following a criminal finding of guilt for client/resident - on - client/resident sexual abuse or sexual harassment.

Sexual abuse/assault/harassment/coercion are serious misconduct violations for clients/residents in Pathway's program. Any form of such sexual behavior will result in termination from the program.

In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, Pathway will follow the protocol for isolation (see Section IV, number 13).

Pathway offers therapy, counseling and other interventions designed to address and correct the underlying reasons or motivations for abuse, in the event the alleged abuser remains in the program. Pathway will consider whether to require the offending client/resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

A client/resident's report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Pathway will discipline a client/resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Pathway prohibits all sexual activity between clients/residents. As such, Pathway will discipline residents for such activity. Pathway deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in

compliance with the provisions of this standard. No corrective action is warranted.

115.311 (b). As reported in the PAQ, the facility employs an upper level, agency wide PREA coordinator, Kimberly Fail. According to the agency organizational chart, the agency PREA coordinator reports to the Chief Executive Officer. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Documentation Reviewed

Agency Organization Chart

Interviews

PREA Coordinator -The interviewed PREA coordinator reported that they have adequate time to manage all PREA related duties. While I do have a number of responsibilities at the Baldwin Campus that require much of my time, I am able to prioritize all PREA incident reviews to ensure that the PREA Compliance Managers followed our PREA policies and procedures, clients' needs were adequately met, and appropriate consequences were enforced for any offenders. There are four Compliance Managers within Pathway, Inc, two of which work onsite in Baldwin, and I interact with them often (and directly supervise both). The other two I interact with a minimum of monthly during integrity review committee meetings.

They both have my cell number and are able to reach me with any concerns relating to PREA policies, procedures, practices or incidents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.311 (c). According to the PAQ, the facility designated PREA compliance manager. The Director of Programs at each campus serves as the PREA Compliance Manager. It was further reported that the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure: Baldwin Director of Programs. The person to whom the PREA Compliance Manager reports: Executive Director.

Documentation Reviewed

Organization Chart

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that they have enough time to manager their PREA related responsibilities.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Contracts</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, after further review it is determined that the site is the contracted site for the Alabama Department of Youth Services. The site does not have a subcontract for the confinement of residents.</p> <p>115.312 (b). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, after further review it is determined that the site is the contracted site for the Alabama Department of Youth Services. The site does not have a subcontract for the confinement of residents.</p> <p>Interviews</p> <p>Agency's Contract Administrator – The interviewed contract administrator reported that we do not contract for the confinement of residents. We are the contracted site for Alabama DYS.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 483 297">Findings (By Provision):</p> <p data-bbox="240 331 1490 524">115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 42. Additionally, the average daily number of residents in which the staffing plan was predicted is 48.</p> <p data-bbox="240 557 501 584">Documentation Reviewed</p> <p data-bbox="240 611 499 638">April 2022 Staff Schedule</p> <p data-bbox="240 667 373 694">Staffing Plan</p> <p data-bbox="240 723 347 750">Interviews</p> <p data-bbox="240 784 1485 943">Director– The interviewed director reported that the facility maintains a minimum of 1:8 ratio; however, we attempt to have a 2:8 ratio during day shift when the clients are awake and active. Night shift has floaters that periodically check in on clients and staff to prevent sexual abuse. there are cameras across the facility with the exception of bathrooms. Clients are not allowed to enter the bathroom with other clients unless a staff member is present to monitor. The staffing plan is documented in the employee handbook and the policy manual.</p> <p data-bbox="240 976 1469 1169">When assessing adequate staffing levels and the need for video monitoring, both facilities (Pathway of Baldwin County and IDI) exceed the minimum standards provided by the Department of Youth Services with regard to staffing levels. Any findings of inadequacy would be immediately corrected. Any findings of inadequacy from federal investigations would be immediately corrected. Any findings of inadequacy from internal or external oversight would be immediately corrected. Both facilities monitor for "blind spots" and make every effort to deploy video monitoring to resolve these issues or if video monitoring cannot be deployed, staff ensure they are present in these areas to prevent abuse from occurring.</p> <p data-bbox="240 1202 1481 1496">Administration makes every effort to deny clients who are not appropriate for the program due to sexually inappropriate behaviors. Additionally, a vulnerability assessment is completed upon admission to determine vulnerability to victimization, potential for sexually aggressive behaviors, etc. This tool is used to place clients in the most appropriate team to prevent abuse. Pathway's staffing plan considers when the clients are most active, while also providing additional supervision on night shift. The staffing plan provides additional staffing during daytime hours when clients are most active and floaters on night shift to make rounds to monitor night staff. Staff members are present during all scheduled activities and programming to protect clients. The staffing plan follows all state and local laws, regulations, and applicable standards. As a part of PREA Incident reviews, Pathway monitors for prevalence of incidents and provides additional staffing as needed to prevent further incidents during these times.</p> <p data-bbox="240 1529 1469 1621">Cameras are regularly checked to ensure they are working properly and cover the area needed. Staffing is monitored daily to ensure the appropriate number of staff are on shift for the day/night. Supervisors' complete random checks of staff and document these, which are reviewed by Administration as well.</p> <p data-bbox="240 1655 1474 1915">PREA Compliance Manager – The interviewed staff reported that the facility maintains an 8:1 staff to resident ratio at all times. Cameras are present in most areas and in areas without cameras present there are procedures in place for ensuring safety. It was further reported that they have not had any judicial findings of inadequacy, but any judicial findings of inadequacy would be taken into consideration. It was further reported that the facility has not had any findings from federal investigative agencies, but any findings of inadequacy from federal investigative agencies would be taken into consideration and any recommendation for corrective action would be implemented. The facility has not had any findings of inadequacy from internal or external oversight bodies, but any findings of inadequacy from internal and external oversight bodies would be taken into consideration and any recommendations for corrective action would be implemented.</p> <p data-bbox="240 1948 1485 2141">In any areas not under video monitoring, no two residents are allowed to be present without a staff member present to supervise them. Staff are trained to never be alone with a resident in an area without video monitoring. All residents admitted to the diversion program are screened prior to admission and denied admission if they appear to pose a threat to the safety of other residents/have a history of perpetrating sexual abuse. All residents are given a vulnerability assessment upon admission to determine appropriate team placement and staffing levels in groups containing vulnerable residents may be increased. There are never more than 8 residents with one staff member. Staff members are trained to position themselves</p>

where they can monitor all residents for whom they are responsible. Staffing levels are typically increased during the day when residents are most active. Direct care staff are present to ensure good supervision during school and recreation time. They are also present during optional programming, such as church services and residents are not left alone with volunteers. The coordinator is not aware of any state laws that require a different ratio than PREA. In the event that there is a substantiated sexual abuse incident, staffing levels may be increased to ensure resident safety. Perpetrators may be placed one-on-one with staff to ensure the safety of other residents. We consider the prevalence of unsubstantiated incidents to determine where additional monitoring and staff are necessary to improve supervision.

Corrective Action: During the file review it was determined that the facility did not have a staffing plan in accordance with the PREA standard. During the onsite visit, the facility created a staffing plan. There is no further action needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (b). According to the PAQ the facility has not deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the facility is 1:8 through the waking hours and 1:16 during sleeping hours.

Interviews

Facility Director– The interviewed director reported that there have been no circumstances that have prevented Pathway from meeting the staffing plan. If there are multiple call ins on a shift that have the potential to affect the staffing plan, Pathway has a procedure that requires administrative staff to come in to cover the shift to ensure compliance with the staffing plan. Instances of non-compliance must be documented. Additionally, the documentation would require an explanation for non-compliance.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (c). According to the PAQ, the facility met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours. As reported, the facility has not deviated from the staff ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. The current 1:8 and 1:8 ratios exceed the staffing requirements.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0.

Interviews

Director– The interviewed director reported that Pathway is required to meet DYS standards pertaining to staffing ratios. The ratio is 1:8. Pathway has hired more than the required number of staff to meet the 1:8 ratio. We also designed our dorms to house 8 clients; therefore, requiring a 1:8 ratio at night as well.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (d). As reported in the PAQ, at least once a year the facility, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

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

Documentation Reviewed

2021 Annual Report

Staffing Plan

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that we meet weekly at the Baldwin campus and Monthly with Pathway, Inc and Pathway Group Home staff to ensure that the staffing plan is adequate.

Corrective Action: During the file review it was determined that the facility did not have a staffing plan in accordance with the PREA standard. During the onsite visit, the facility created a staffing plan. There is no further action needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Pathway supervisors conduct unannounced rounds during both day and night shift to ensure compliance with these policies and procedures. Staff shall not notify other staff members of the unannounced rounds. If these notifications are made, the staff member making the notification will receive disciplinary action, up to and including termination” (p. 6).

Documentation Reviewed

Supervisor monitoring log (12 months)

Interviews

Intermediate or Higher-Level Staff- The interviewed staff reported that unannounced rounds are conducted to ensure that residents are on schedule and doing what they are supposed to do. We will monitor how opposite gender staff handle shower time/hygiene. We have a sheet that staff complete every morning, and I will check the sheet. It includes addressing building or sanitation items. The monitoring will also look at staff location/positioning, living areas, bathrooms, sheets, beds, classroom and make sure everything is in order and the staff and residents are where they are supposed to be. The unannounced rounds are documented on a daily checklist and a room search check form. The staff will not know which building I plan to go into, as I will go from building to building and monitor radio conversation. The rounds are conducted sporadically.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Corrective Action: During the file review it was determined that the facility did not have a staffing plan in accordance with the PREA standard. During the onsite visit, the facility created a staffing plan. There is no further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Guidelines for Resident Strip Searches</p> <p>Strip Search Training Log (30)</p> <p>Picture (Shower Curtains)</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Random sample of residents (11)</p> <p>Non-medical staff (involved in cross gender or visual searches) (2)</p> <p>Findings (By Provision):</p> <p>115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents. The facility reported that staff receive the following training: Guidelines Resident Strip Searches</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0.</p> <p>In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual, states that "Pathway will not conduct cross-gender strip searches or cross-gender visual body cavity searches, except when performed by medical practitioners. All cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches shall be well documented and justified" (p. 7).</p> <p>The staff are trained on how to conduct strip searches. The strip searches provide guidance to staff on how, when, and why a strip search is conducted and also addresses the searches of transgender residents.</p> <p>Documentation Reviewed</p> <p>Strip Searches Training Log (30)</p> <p>Interviews</p> <p>Non-medical staff (involved in cross gender or visual searches)-The interviewed staff reported that strip searches occur at intake. Emergency searches would occur if there were a concern with contraband. The same sex staff does the strip searches. We do that even if we are just checking the pockets of the residents. Strip searches are all documented. We will search the belongings of items while the residents are in the shower.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, the number of cross-gender pat-down searches of residents: 0. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway will not conduct cross-gender strip searches or cross-gender visual body cavity searches, except when performed by medical practitioners. All cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches shall be well documented and justified. Pathway does not authorize or permit pat searches on any client/resident. At no time will Pathway allow body visual cavity search to be conducted on a client/resident, except when performed by</p>

medical practitioners" (p. 7).

Interviews

Random Sample of Staff: The interviewed staff reported all staff are restricted from conducting cross gender pat down searches.

Random Sample of Residents- All of the interviewed random sample of residents reported that opposite gender staff have never performed a pat down search of their bodies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (c). The facility indicated in their response to the PAQ that the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches shall be well documented and justified" (p. 7).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, along with policies and procedures that advise staff.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall implement policies and procedures that enable clients/residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. All staff, regardless of gender, must announce, their intention to enter a resident's room/bathroom area during times that the resident is likely to be dressing or undressing. It is not necessary for staff to announce their presence when security checks are being made while residents are sleeping" (pp. 6-7).

Documentation Reviewed

Pictures: Shower Curtains

Interviews

Random Sample of Staff: The interviewed staff were consistent in their response that staff announce their presence when entering a housing unit that houses resident of the opposite gender. After probing interviewed staff, each consistently gave similar examples of what is stated when entering the housing unit of the opposite gender. All of the staff reported that residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Random Sample of Residents- Eight of the interviewed random sample of residents stated that staff of the opposite gender do announce their presence when entering the housing area or where they shower, change clothes, or preform bodily functions. All residents interviewed reported that staff do not come in the area when they shower or change clothes. All of the interviewed residents stated that they are not naked in full view of any staff.

Corrective Action and Onsite Review: During the site review, it was determined that the showers had limited ability to view the feet area. The facility raised the bar of the curtain so that they could observe the number of individuals in the shower at a time without seeing them fully naked. Pictures were provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (e.) Per the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were no reported searches that were conducted in the last 12 months.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway's staff shall not search or physically examine any client/resident for the sole purpose of determining the client's/resident's genital status. If the client's/resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination by a medical practitioner." (p. 7).

Interviews

Random Sample of Staff: The interviewed staff reported the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (f). As reported in the PAQ, the facility trained one hundred percent of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "there should be both male and female staff on duty at all times. No cross-gender pat down searches, or visual body cavity searches should ever occur unless in the most rare of exigent circumstances and only after contacting the Detention" (p. 12).

Documentation Reviewed

Guidelines for Resident Strip Searches

Strip Searches Training Log (30)

Interviews

Random Sample of Staff: The interviewed staff reported that they did not receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs because they are restricted from conducting cross gendered pat searches.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

115.315 (d). Corrective Action and Onsite Review: During the site review, it was determined that the showers had limited ability to view the feet area. The facility raised the bar of the curtain so that they could observe the number of individuals in the shower at a time without seeing them fully naked. Pictures were provided. No further action is needed.

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Contract for Interpreter Services (Visual Language Professionals LLC)</p> <p>Interviews:</p> <p>Director</p> <p>Random sample of staff (12)</p> <p>Findings (By Provision):</p> <p>115.316 (a). As reported in the PAQ, the facility, has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <ol style="list-style-type: none"> a. Pathway is an intense, cognitively demanding treatment program. Pathway cannot accommodate clients/residents who are deaf, have profound intellectual disabilities, who are blind, or who are not English speaking in its non-contract treatment program. b. Pathway IDI is designed to provide treatment in a safe environment for intellectually disabled or otherwise vulnerable clients who may be taken advantage of in other Department of Youth Services treatment programs. Pathway IDI takes appropriate steps to ensure that clients/residents with disabilities have an equal opportunity to participate in or benefit from all aspects of Pathway's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. These steps include access to an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Pathway shall ensure that written materials are provided in formats that ensure effective communication with clients/residents with disabilities. c. Pathway does not allow the use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's/resident's safety, the performance of first-response duties, or the investigation of the client's/resident's allegations. d. In circumstances in which client/resident assistants are used, the reason for such use is well documented (pp. 7-8) <p>In addition, upon admission in a facility, the youth sign an admission rights sheet describing their right to be free from sexual abuse and sexual harassment.</p> <p>Documentation Reviewed</p> <p>Contract for Interpreter Services (Visual Language Professionals LLC)</p> <p>Interviews</p> <p>Agency Head-The interviewed agency head reported that the agency does not have established procedures to provide residents with disabilities and residents who are limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment at the Baldwin campus. These clients are excluded by the admission criteria due to posing a safety risk for themselves. For the IDI campus such services are available. We have contracted services to provide interpreters to assist with their understanding and educate them regarding all PREA related procedures.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.316 (b). As reported in the PAQ, the facility has established procedures to provide residents with limited English</p>

proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway IDI is designed to provide treatment in a safe environment for intellectually disabled or otherwise vulnerable clients who may be taken advantage of in other Department of Youth Services treatment programs. Pathway IDI takes appropriate steps to ensure that clients/residents with disabilities have an equal opportunity to participate in or benefit from all aspects of Pathway's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. These steps include access to an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Pathway shall ensure that written materials are provided in formats that ensure effective communication with clients/residents with disabilities (pp. 7-8).

In the event interpreter services are needed, the program will utilize services attained by Alabama DYS (Visual Language Professionals LLC)

Documentation Reviewed

Contract for Interpreter Services (Visual Language Professionals LLC)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

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

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway does not allow the use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's/resident's safety, the performance of first-response duties, or the investigation of the client's/resident's allegations" (pp. 7-8)".

Documentation Reviewed

Contract for Interpreter Services (Visual Language Professionals LLC)

Interviews

Random Sample of Staff: The interviewed random sample of staff reported that they do not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Several staff reported that they would get an interpreter if one was needed. Staff reported they do not have any residents that would need use of a resident interpreter, resident reader, or any type of resident assistant.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>PREA Employment Questionnaire (48)</p> <p>5 Year Background Check (11)</p> <p>Employee Reference Check (49)</p> <p>Background Checks</p> <ul style="list-style-type: none"> · Staff (49) · Contractors (1) <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Pathway will not employ any applicant, contractor, or volunteer who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. Pathway will consider all incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with clients/residents". p. 6).</p> <p>Documentation Reviewed</p> <p>PREA Employment Questionnaire (48)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.316 (b). As reported in the PAQ, the facility, has a policy that requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Pathway will consider all incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with clients/residents (p. 6).</p> <p>Documentation Reviewed</p>

PREA Employment Questionnaire (48)

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. All employees and contractors who may have contact with residents must pass a Child Abuse and Neglect Clearance upon hire/before services are rendered. In addition, we also send out “Good Faith” letters to all former employers of new hires for the past five years (prison, jail, lockup, community treatment facility, juvenile facility or other institutions where employee had contact with children).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 116.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Pathway will perform a criminal background record check and consult any child abuse registry maintained by Alabama prior to making any job offers to applicants working in Pathway's residential treatment facilities that will have contact with children. This policy also applies to contracted and volunteer workers.

Prior to making a job offer to any applicant to work in Pathway's residential treatment programs, the applicant, in writing, shall authorize Pathway to contact all former employers for the past five years (prison, jail, lockup, community treatment facility, juvenile facility or other institution). Pathway personnel will make their best effort to contact these previous employers for information to inquire if the applicant engaged in sexual abuse or harassment of clients/residents or former clients/residents during time of employment.

Pathway personnel will make their best effort to contact all former institutional employers of the applicant employed within the required five-year period requesting information above (pp. 5-6).

Documentation Reviewed

Personnel Files (Background Checks) (49)

Interviews

Administrative (Human Resources)- The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. This is also done for contractors who may have contact with residents. It was further reported that before hiring new employees or contractors who may have contact with residents, the facility consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work. All employees and contractors who may have contact with residents must pass a Child Abuse and Neglect Clearance through the State of Alabama upon hire/before services are rendered.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (d). The facility indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 2.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Pathway will perform a criminal background record check and consult any child abuse registry maintained by Alabama prior to making any

job offers to applicants working in Pathway's residential treatment facilities that will have contact with children. This policy also applies to contracted and volunteer workers" (p. 5).

Documentation Reviewed

Contractor Background Checks (1)

Interviews

Administrative (Human Resources)— The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. This is also done for contractors who may have contact with residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway will conduct criminal background records checks at least every 5 years on current employees, contractors, and volunteers who have contact with clients/residents" (p. 6).

Documentation Reviewed

5 Year Background Check (11)

Interviews

Administrative (Human Resources)-The interviewed human resources staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the State of Alabama background check, DHR-Child Abuse and Neglect Clearance, and federal fingerprints.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115. 317 (f). The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self--evaluations conducted as part of reviews of current employees. This is done using the PREA Employment Questionnaire during the application process for employment or promotion. As a part of the application process employees sign a form that indicates their continuous duty to disclose.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (g). According the to the PAQ, the agency's policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" (p. 6).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (h). Unless prohibited by law, the agency shall 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.

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. We would provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee to all similar institutions upon request. We would also ask any similar institutions that contact us for employment verification if they were sending us a PREA Questionnaire.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.318 (a). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when designing, acquiring or planning substantial modifications to facilities the agency will consider the effects of such changes on its ability to protect residents from sexual abuse. As an agency we deploy video monitoring and attempt to identify any areas of concern that could prevent detection of abuse.</p> <p>Director– The interviewed director reported that the facility considered the effect of the expansion or modification upon the facility ability to protect residents from sexual abuse. This was considered in the design of our IDI facility, as well as the hiring for this facility. Pathway ensured there was video monitoring deployed and designed the building to minimize areas in which abuse could be hidden from staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.318 (b). N/A-The facility reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency uses new monitoring technology to enhance protection of residents from incidents of sexual abuse. We deploy technology in areas in need of such technology to prevent abuse and protect clients. These needs are regularly assessed by the PREA Compliance Manager.</p> <p>Director– The interviewed director reported that the Video monitoring has been deployed since the opening of the facility. All areas where monitoring is allowed, have cameras to provide monitoring of clients. Audio monitoring has been deployed on all new installs to increase monitoring's effectiveness.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Memo: Baldwin County Sheriff's Office</p> <p>MOU Rape Crisis Center</p> <p>PREA Allegation referred to Advocacy Center (1)</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Child Advocacy Center</p> <p>Findings (By Provision):</p> <p>115.321 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The DHR/Local Law Enforcement is responsible for conducting criminal sexual abuse investigations. It was further reported that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p>Pathway's residential treatment facilities will follow a uniform evidence protocol, that is developmentally appropriate for youth, that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Upon receiving a report of alleged sexual abuse, staff will notify their Supervisor and/or any other Supervisor up to and including: the PREA Coordinator, PREA Compliance Manager (Residential Program Director), Director, or the onsite program Supervisors.</p> <p>To the extent possible, staff shall attempt to secure the area to preserve any evidence that may assist the investigation process. Staff should document what was seen and heard, or otherwise observed at the scene, and safeguard any evidence (i.e. bed sheets, fluids on floor, victim's and perpetrator's clothing).</p> <p>Allegations of sexual abuse or sexual harassment which involves potentially criminal behavior will be referred to the local law enforcement agency.</p> <p>Pathway will inform the victim of what will happen next (i.e. the incident will be reported to an available clinical supervisor, the PREA Compliance Manager and the PREA Coordinator, the victim will be offered a forensic medical examination off campus for evidence collection, an investigation will be conducted by the Department of Human Resources and/or the Baldwin County Sheriff's Office, the victim will be asked to provide information to the investigator, and the victim and any witnesses will be provided protections from retaliation).</p> <p>Staff will complete an incident report detailing initial information given to staff from the victim or third party. Staff should ask victim for only basic information about the incident (i.e. Who was there? What happened? Where did the incident occur? When?). The report shall be given to the PREA Compliance Manager and PREA Coordinator.</p> <p>The PREA Coordinator will ensure that the Chief Executive Officer is informed of any sexual abuse allegations and results of any investigations.</p> <p>Forensic medical examinations in the community will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim. SANE Nurses are located at USA Women's and Children's Hospital. In the event that a SANE is unavailable, a forensic medical examination will be provided by a qualified medical practitioner.</p>

Victim advocates from the Baldwin County Child Advocacy Center can be available at the forensic medical examination. This service is available to all Pathway of Baldwin County clients. A Memorandum of Understanding (MOU) has been signed between Pathway and the Baldwin County Child Advocacy Center.

If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals (pp. 8- 9).

Documentation Reviewed

PREA Allegation referred to Advocacy Center (1)

Interviews

Random Sample of Staff: The interviewed random sample of staff reported that they were aware of the agency's protocol for obtaining usable physical evidence. When probed the staff reported that they would not allow them to shower, brush teeth, or change clothes; they would treat the room like a crime scene and not allow anyone in the area. Call the local police department and the nursing staff. Keep everyone separated and keep visual site on those involved. When asked who conducts the interviews staff reported several administrative staff such as the Facility Director and Ms. Grace or DHR.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321(b). As reported by the PAQ, the protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Pathway's residential treatment facilities will follow a uniform evidence protocol, that is developmentally appropriate for youth, that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Upon receiving a report of alleged sexual abuse, staff will notify their Supervisor and/or any other Supervisor up to and including: the PREA Coordinator, PREA Compliance Manager (Residential Program Director), Director, or the onsite program Supervisors.

To the extent possible, staff shall attempt to secure the area to preserve any evidence that may assist the investigation process. Staff should document what was seen and heard, or otherwise observed at the scene, and safeguard any evidence (i.e. bed sheets, fluids on floor, victim's and perpetrator's clothing).

Allegations of sexual abuse or sexual harassment which involves potentially criminal behavior will be referred to the local law enforcement agency.

Pathway will inform the victim of what will happen next (i.e. the incident will be reported to an available clinical supervisor, the PREA Compliance Manager and the PREA Coordinator, the victim will be offered a forensic medical examination off campus for evidence collection, an investigation will be conducted by the Department of Human Resources and/or the Baldwin County Sheriff's Office, the victim will be asked to provide information to the investigator, and the victim and any witnesses will be provided protections from retaliation).

Staff will complete an incident report detailing initial information given to staff from the victim or third party. Staff should ask victim for only basic information about the incident (i.e. Who was there? What happened? Where did the incident occur? When?). The report shall be given to the PREA Compliance Manager and PREA Coordinator.

The PREA Coordinator will ensure that the Chief Executive Officer is informed of any sexual abuse allegations and results of any investigations.

Forensic medical examinations in the community will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim. SANE Nurses are located at USA Women's and Children's Hospital. In the event that a SANE is unavailable, a forensic medical examination will be provided by a qualified medical practitioner.

Victim advocates from the Baldwin County Child Advocacy Center can be available at the forensic medical examination. This service is available to all Pathway of Baldwin County clients. A Memorandum of Understanding (MOU) has been signed between Pathway and the Baldwin County Child Advocacy Center.

If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals (pp. 8- 9).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. The facility also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner. It was further reported that when SANEs or SAFEs are not available, they do not offer a qualified medical practitioner performs forensic medical examinations. Forensic Medical exams are conducted by a SANE Nurse at USA Children's and Women's Hospital. A memo was provided stating that the MOU is in progress waiting on the attorney office to complete.

The number of forensic medical exams conducted during the past 12 months: 0.

The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

Documentation Reviewed

MOU Email

Interviews

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site, they would meet multidisciplinary team to gather information and provide services to help the child heal. They would provide forensic interviews, forensic medical exams, family advocacy, and trauma focused cognitive behavioral therapy. If the case is one that would have court involved, they would also provide court education and support. When asked if they have provided any services for Baldwin residents in the last 12 months, it was reported that due to confidentiality all records pertaining to the children and families they serve cannot be shared; specific to a child however they can say that they have provided forensic interviews for children that the agency and the facility had in common.

A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member.

Interviews

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site, they would meet multidisciplinary team to gather information and provide services to help the child heal. They would provide forensic interviews, forensic medical exams, family advocacy, and trauma focused cognitive behavioral therapy. If the case is one that would have court involved, they would also provide court education and support. When asked if they have provided any services for Baldwin residents in the last 12 months, it was reported that due to confidentiality all records pertaining to the children and families they serve cannot be shared; specific to a child however they can say that they have provided forensic interviews for children that the agency and the facility had in common.

PREA Compliance Manager-The interviewed staff reported that Pathway has a MOU with the rape crisis center in Mobile. Research was conducted on services offered by the rape crisis center in Mobile prior to the establishment of the MOU to ensure it meets the qualifications described in the standard. It provides interventions and services to sexual assault/abuse victims of all ages. It is not affiliated with any governmental agency or with criminal justice system.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals” (p. 9).

Interviews

PREA Compliance Manager – The interviewed staff reported that Pathway has a MOU with the rape crisis center in Mobile and the child advocacy center in Baldwin County.

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site, they would meet multidisciplinary team to gather information and provide services to help the child heal. They would provide forensic interviews, forensic medical exams, family advocacy, and trauma focused cognitive behavioral therapy. If the case is one that would have court involved, they would also provide court education and support. When asked if they have provided any services for Baldwin residents in the last 12 months, it was reported that due to confidentiality all records pertaining to the children and families they serve cannot be shared; specific to a child however they can say that they have provided forensic interviews for children that the agency and the facility had in common.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (f). As indicated in the PAQ the facility is not responsible for conducting criminal investigations. A memo dated March 29, 2022, written by the Baldwin County Sheriff’s Office states that “the Baldwin County Sheriff’s Office is the law enforcement agency who would investigate any criminal offense/incident, to include sexual assaults, for Pathway of Baldwin County, LLC.

Documentation Reviewed

Memo: Baldwin County Sheriff’s Office

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (g). The auditor is not required to audit this section.

115.321 (h). The auditor is not required to audit this section.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Website</p> <p>Investigations (6)</p> <p>Interviews:</p> <p>Agency head</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.322 (a): As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p>Sexual Harassment: When allegations of sexual harassment are made, investigations shall take place under the following guidelines:</p> <p>Client/Resident to Client/Resident: The PREA Compliance Manager, his/her designee or the PREA Coordinator shall investigate questioning all parties involved to determine what happened and direct action to prevent further incidents. The Department of Youth Services and Department of Human Resources and all other licensing authorities will be notified of the findings and the PREA Compliance Manager/designee or PREA Coordinator shall file appropriate reports.</p> <p>Staff to Client/Resident: The PREA Compliance Manager, designee and the PREA Coordinator shall investigate, questioning all relevant parties to determine what happened. The Department of Youth Services and Department of Human Resources and all other licensing authorities will be notified of the findings and consulted in determination of actions to be taken.</p> <p>If the PREA Compliance Manager is involved in the allegations: His/her immediate supervisor shall conduct the investigation as noted above.</p> <p>Sexual Abuse: When allegations of sexual abuse/assault are made, the following shall happen:</p> <p>Contact local authorities immediately, if a client/resident reports a sexual assault. If the PREA Compliance Manager or PREA Coordinator is available, he/she shall take responsibility for contacting authorities. If the PREA Compliance Manager is not available, on duty staff must contact authorities without delay.</p> <p>If the allegations or quality of evidence suggest a crime has been committed, no further interview of the victim or perpetrator will be conducted until cleared to do so by prosecuting authority.</p> <p>Pathway will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>If there is a possibility of new physical evidence to be used:</p> <p>Secure the area where the alleged abuse took place and do not allow residents to enter the area until police personnel have cleared the area;</p> <p>Do not touch anything in the area where the alleged abuse took place other than to preserve the life or safety of an individual;</p> <p>Move the alleged victim to a secure area until authorities arrive;</p> <p>If conditions allow, direct the alleged perpetrator to remain in an area where they can be observed until authorities arrive;</p>

Pathway staff shall cooperate with all aspects of the investigation by local authorities. The PREA Compliance Manager and PREA Coordinator shall endeavor to remain informed about the progress of the investigation and notify all program licensing authorities;

Pathway's PREA Compliance Manager/designee or PREA Coordinator shall conduct administrative investigation;

Any substantiated allegations of conduct that appears criminal will be referred for prosecution (pp. 19-20).

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 4

In the past 12 months, the number of allegations resulting in an administrative investigation: 4

In the past 12 months, the number of allegations referred for criminal investigation: 0

Documentation Reviewed

Investigation Reports (6)

Interviews

Agency Head – The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The following steps are taken to complete administrative or criminal investigations for allegations of sexual abuse or sexual harassment based on the nature of the allegation determines next steps. If the initial investigation does not indicate a need for a criminal investigation the following procedure is followed: PREA Compliance Managers will gather information from the alleged victim, review camera footage, and speak with necessary staff members to ensure they have all needed information to conclude the investigation. Decisions are then made about disciplinary action from there. Clients are notified of the results of the investigation promptly. Clients may also be separated to keep the alleged victim safe until the investigation is complete.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (b). As reported in the PAQ, the facility has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. In addition, the facility reported in the PAQ that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall conduct its own investigations into allegations of sexual harassment and abuse that do not involve behavior that could potentially be criminal in nature. It shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. At any point if it is determined that the allegation could potentially involve criminal behavior, a report will be made immediately to local law enforcement agency as well as the Department of Human Resources" (p. 21).

Documentation Reviewed

Website

Investigation Reports (5)

Interviews

Investigative Staff: The interviewed investigative staff reported that the agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (c). If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Documentation Reviewed

Website

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 392 553 418">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 452 1182 479">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 512 440 539">Training Curriculum</p> <p data-bbox="240 573 783 600">Acknowledgement and Receipt of PREA Training (49)</p> <p data-bbox="240 633 488 660">Memo: Proof of Training</p> <p data-bbox="240 694 352 721">Interviews:</p> <p data-bbox="240 754 517 781">Random sample of staff (9)</p> <p data-bbox="240 815 483 842">Findings (By Provision):</p> <p data-bbox="240 875 1461 902">115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul data-bbox="240 936 1489 1603" style="list-style-type: none"> · The agency's zero-tolerance policy for sexual abuse and sexual harassment; · How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; · Residents right to be free from sexual abuse and sexual harassment; · The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; · The dynamics of sexual abuse and sexual harassment in resident facilities; · The common reactions of sexual abuse and sexual harassment victims; · How to detect and respond to signs of threatened and actual sexual abuse; · How to avoid inappropriate relationships with residents; · How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; · How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and · Relevant laws regarding the applicable age of consent. <p data-bbox="240 1637 1299 1664">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p data-bbox="240 1697 379 1724">Staff Training</p> <p data-bbox="240 1758 1477 1910">Pathway employees will receive training, based on PREA employee training standards. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. Pathway shall 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. During the years in which an employee does not receive refresher training, Pathway shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p data-bbox="240 1944 1198 1971">Upon hire and annually thereafter, Pathway will provide targeted PREA training on the following:</p> <ul data-bbox="240 2004 1366 2112" style="list-style-type: none"> · Pathway's zero-tolerance policy for sexual abuse and sexual harassment; · Pathway's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- Clients'/Residents' rights to be free from sexual abuse and sexual harassment;
- The right of clients/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in a residential treatment facility;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with clients/residents;
- How to communicate effectively and professionally with clients/residents, including gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

Gender specific training will be provided to the gender of the residents at the employee's facility.

Pathway will document, through employee signature or electronic verification, that employees understand the training they have received.

Training participation may be offered in-house, online, webinars, conferences, etc. Training topics will be added and offered based upon the annual training needs as assessed by the PREA Compliance Manager and the PREA Coordinator.

Pathway will provide training as needed for staff to conduct administrative investigations (pp. 9-10).

Documentation Reviewed

Acknowledgement and Receipt of PREA Training (49)

Training Curriculum

Interviews

Random Sample of Staff – The interviewed staff reported that they have been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:

- The agency's zero-tolerance policy on sexual abuse and sexual harassment?
- How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?
- Resident's right to be free from sexual abuse and sexual harassment?
- Residents' and employees' right to free from retaliation for reporting sexual abuse and sexual harassments?
- The dynamics of sexual abuse and sexual harassment in confinement?
- The common reactions of sexual abuse and sexual harassment victims?
- How to detect and respond to signs of threatened and actual sexual abuse?
- How to avoid inappropriate relationship with residents?
- How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained on initial hire and that they receive monthly training during staff meeting. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming.

Corrective: During the file review there were several former staff who's PREA training acknowledgement could not be located. The facility director issued a directive to all staff stating:

Participating in orientation and monthly trainings are a mandatory requirement of maintain employment with Pathway. We are required by both Department of Youth Services and the Prison Rape Elimination Act to provide you with certain trainings upon hire and annually thereafter to assist you in the performance of your job and to ensure the provision of safety and security to all clients. It is your responsibility to attend these trainings and/or provide the proof of receipt of these trainings if they are distributed online. Not attending trainings and/or not providing proof of receipt of these trainings will result in disciplinary action up to and including termination going forward”.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are not given additional training.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Gender specific training will be provided to the gender of the residents at the employee's facility” (p. 10).

Documentation Reviewed

Acknowledgement and Receipt of PREA Training (49)

Training Curriculum

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (c). As reported in the PAQ, between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually.

Documentation Reviewed

Training Curriculum

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (d). The PAQ indicated that the facility requires employees who may have contact with residents to document, via signature, that they understand the training they received. The facility will have the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.

Documentation Reviewed

Acknowledgement and Receipt of PREA Training (49)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

115.331 (a) Corrective: During the file review there were several former staff who's PREA training acknowledgement could not be located. The facility director issued a directive to all staff with their requirements to submit the completion of training. No further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Training Curriculum</p> <p>Contractor Acknowledgment of PREA Training (1)</p> <p>Specialized Training-pending</p> <p>Interviews:</p> <p>Contractor</p> <p>Volunteer</p> <p>Findings (By Provision):</p> <p>115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 2.</p> <p>Documentation Reviewed</p> <p>Training Curriculum</p> <p>Contractor Acknowledgment of PREA Training</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who have Contact with Residents – The interviewed volunteer and contractor reported that they were trained on the sexual abuse or sexual harassment policy at the initiation of services.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.332 (b). The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Documentation Reviewed</p> <p>Training Curriculum</p> <p>Contractor Acknowledgment of PREA Training</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who have Contact with Residents – When probed the interviewed volunteer and contractor reported that the training was comprehensive and addressed the policy, correct use of anatomical terms, and safety of residents. It was further reported that it is their responsibility to make a report to the direct care or leadership staff.</p> <p>115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>Documentation Reviewed</p> <p>Training Curriculum</p>

Contractor Acknowledgment of PREA Training

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Intake Records PREA Education: Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) (25)</p> <p>Original /Updated Resident Handbook</p> <p>PREA Posters (English/Spanish)</p> <p>Grievance Forms Pictures</p> <p>Interviews:</p> <p>Intake staff (2)</p> <p>Random sample of residents (11)</p> <p>On-site observation</p> <p>PREA Posters</p> <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the PAQ, residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of residents admitted in past 12 months who were given this information at intake: 118. It was further reported that the information is provided in an age-appropriate fashion.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that“During the intake process, clients/residents shall receive information explaining Pathway's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is provided in an age-appropriate format to ensure understanding and to meet the needs of clients who have limited reading skills or other needs requiring an interpreter” (p. 11).</p> <p>Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated.</p> <p>Resident Handbook states:</p> <p>If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents, you can use the following reporting methods: · Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director</p> <ul style="list-style-type: none"> · Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director · Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.) · Ask to call the Rape Crisis Hotline · Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the form and placing the form in the Locked Grievance Box

· Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelope in the locked Grievance Box.

If you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI Program Director (Ms. Frandee)

Documentation Reviewed

Resident Handbook

Interviews

Intake Staff – The interviewed intake staff reported that the facility provides residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. We ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment by providing the information to the residents, having them watch a video, and discussing the resident handbook with the residents. The staff reported that they will read the information to the residents. Residents are provided information immediately during the intake process.

Resident Interview Questionnaire- All of the interviewed residents reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment. The information was typically received on the first day.

During the onsite tour the auditor was able to observe the intake process with two new residents who arrived on the second day of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (b). As reported in the PAQ, 116 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. It should also be noted that the facility reported that education is provided by giving the residents a brochure and the education classes have been suspended due to COVID.

Documentation Reviewed

Resident Handbook

Interviews

Intake Staff - The interviewed intake staff reported that the agency ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; by reading and explaining the information and the intake process typically occurs immediately upon placement and during intake.

Resident Interview Questionnaire- All of the interviewed residents reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment. The information was typically received on the first day.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation. It was further reported that the residents receive PREA education within the date of admission.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Clients/Residents who are transferred from one facility to another shall be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. All Pathway facilities follow the same policies and procedures regarding responding to such incidents" (p. 11).

Documentation Reviewed

Intake Records PREA Education: Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) (25)

Interviews

Intake Staff – The interviewed intake staff reported that the facility provides residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. We ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment by providing the information to the residents, having them watch a video, and discussing the resident handbook with the residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "explaining Pathway's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is provided in an age-appropriate format to ensure understanding and to meet the needs of clients who have limited reading skills or other needs requiring an interpreter.

Pathway is an intense, cognitively demanding treatment program. As such, Pathway will provide resident education in formats accessible to all residents; however, Pathway's Diversion treatment program cannot accommodate those who are limited English proficient, deaf, visually impaired, or otherwise disabled" (p. 11).

Documentation Reviewed

PREA Posters (English/Spanish)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions.

Documentation Reviewed

Intake Records PREA Education: Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) (25)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Resident Handbook states:

If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents, you can use the following reporting methods:

- Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director
- Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director
- Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.)
- Ask to call the Rape Crisis Hotline
- Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the form and placing the form in the Locked Grievance Box
- Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelop in the locked Grievance Box.

If you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI Program Director (Ms. Frandee)

Documentation Reviewed

Resident Handbook

PREA Posters

Grievance Forms (picture)

PREA Audit Site Review: During the onsite portion of the audit, the auditor observed posters, resident handbooks, and brochures readily accessible to the residents. However, it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff.

Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated.

The facility will show documentation that more posters were placed throughout the housing units. In addition, the facility shall post information about the outside support and victim advocacy services. Additionally, it is recommended to update the handbook to provide the emotional support and advocacy services in the handbook, along with information on how to make an anonymous report. The handbook was updated, and the residents were provided self-addressed stamped envelopes for outside reporting.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

115.333 (a). Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. No further action is needed.

115.333 (f). Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated.

The facility will show documentation that more posters were placed throughout the housing units. In addition, the facility shall post information about the outside support and victim advocacy services. Additionally, it is recommended to update the handbook to provide the emotional support and advocacy services in the handbook, along with information on how to make an anonymous report. The handbook was updated, and the residents were provided self-addressed stamped envelopes for outside reporting. No further action is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)</p> <p>Annual PREA Training (3)</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.334 (a). As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations. While the facility does not conduct investigations, the auditor recommended that a facility staff person complete the specialized training for investigations in the event the administrative component is not addressed by the outside investigator.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that</p> <p>Documentation Reviewed</p> <p>Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed investigators reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was completed through DOJ NIC site. The training provided in depth steps of how to preserve evidence, how to interview juvenile victims, use of proper Miranda and Garrity, evidence collection, and the criteria and requirements to substantiate a case or refer for prosecution.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.334 (b). Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Interviews</p> <p>Investigative staff: The interviewed investigative staff reported that they have been trained on:</p> <ul style="list-style-type: none"> · Techniques for interviewing juvenile sexual abuse victims · Proper use of Miranda and Garrity Warnings · Sexual abuse evidence collection in confinement settings · The criteria and evidence required to substantiate a case for administrative prosecution referral <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.334 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 4.</p> <p>Documentation Reviewed</p>

Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)

Annual PREA Training (3)

115.334 (d). Auditor is not required to audit this provision.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Specialized Training PREA 201 for Medical and Mental Health practitioners (9)</p> <p>Annual PREA Training (9)</p> <p>Interviews:</p> <p>Medical and mental health staff (2)</p> <p>Findings (By Provision):</p> <p>115.335 (a). The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 13. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 100.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "All full and part time medical and mental health care practitioners employed by Pathway receive training regarding:</p> <ol style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment b. How to preserve physical evidence of sexual abuse c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>All full time medical and mental health care practitioners employed by Pathway shall receive training as indicated in the above "Staff Training" section of this Policy Manual" (p. 10).</p> <p>Documentation Reviewed</p> <p>Specialized Training PREA 201 for Medical and Mental Health practitioners (9)</p> <p>Annual PREA Training (9)</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed medical and mental health staff reported that they have received specialized training regarding sexual abuse and sexual harassment. The training covered the below referenced topics.</p> <p>How to detect and assess signs of sexual abuse and sexual harassment</p> <p>How to preserve physical evidence of sexual abuse</p> <p>How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment</p> <p>How and to whom to report allegations or suspicions of sexual abuse and sexual harassment</p> <p>However, upon follow up it was determined that the staff had not received specialized training, just the PREA training for all staff.</p> <p>Corrective Action: The identified staff completed the specialized training during the post onsite audit phase. During the post onsite phase, the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.</p> <p>115.335 (b). As reported in the PAQ, agency medical staff at this facility do not conduct forensic medical exams.</p>

Interviews

Medical and Mental Health Staff - The interviewed medical and mental health staff reported that they do not conduct forensic examinations.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff. A sample of three medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard.

Documentation Reviewed

Specialized Training PREA 201 for Medical and Mental Health practitioners (9)

Annual PREA Training (9)

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Documentation Reviewed

Specialized Training PREA 201 for Medical and Mental Health practitioners (9)

Annual PREA Training (9)

Corrective Action and Conclusion

115.335 (a-d). During the post onsite phase, the facility ensured that the mental health staff received the required training. At this time, there is no further action warranted. The provision is in compliance.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 1131 470">Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 499 443 526">Risk Screening (26)</p> <p data-bbox="240 555 553 582">Use of New Risk Screening (1)</p> <p data-bbox="240 611 440 638">Reassessment (13)</p> <p data-bbox="240 667 352 694">Interviews:</p> <p data-bbox="240 723 611 750">Staff Responsible for Risk Screening</p> <p data-bbox="240 779 577 806">Random sample of residents (11)</p> <p data-bbox="240 835 424 862">PREA coordinator</p> <p data-bbox="240 891 483 918">Findings (By Provision):</p> <p data-bbox="240 947 1477 1050">115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the residents in care. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p data-bbox="240 1079 1490 1182">The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 116.</p> <p data-bbox="240 1211 1299 1238">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p data-bbox="240 1267 1418 1393">Pathway clients/residents will be assessed for their risk of being sexually abused by others or sexually abusive toward others. Within 24 hours of intake, clients/residents will be assessed to determine whether they meet specific criteria indicating vulnerability to sexual abuse. Residents may not be disciplined for refusing to answer or failing to disclose information in regard to the assessment questions.</p> <p data-bbox="240 1422 1417 1485">Potential Victim: During initial assessment meeting, residents will be assessed, utilizing an objective screening tool, to specifically determine their vulnerability as indicated by the following risk factors:</p> <p data-bbox="240 1514 657 1541">Prior sexual victimization or abusiveness;</p> <p data-bbox="240 1570 1461 1632">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;</p> <ul data-bbox="240 1662 1153 2148" style="list-style-type: none"> · Current charges and offense history; · Age; · Level of emotional and cognitive development; · Physical size and stature; · Mental illness or mental disabilities; · Intellectual or developmental disabilities; · Physical disabilities; · The client's own perception of vulnerability; · Whether the client/resident has previously been in a residential facility or incarcerated;

- Client/resident has prior convictions for sex offenses against an adult or child
- Any other specific information about individual clients that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other clients.

A client/resident should be designated with and identified for vulnerability if:

- Three or more of the above criteria apply; or
- One or more of these factors apply with sufficient documentation by the reviewer to warrant concern.

The client's therapist will reassess each client's/resident's risk of victimization or abusiveness within 30 days after the initial meeting based upon any additional, relevant information received by Pathway since the initial screening.

- A client's/resident's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's/resident's risk of sexual victimization or abusiveness.

- To ensure confidentiality and sensitivity of information of the client's/resident's responses on the assessment, assessment information will be kept in the client's/resident's confidential file. However, communication will be disseminated to staff regarding a client's overall risk of victimization or risk of perpetrating a violent or sexual act. This will include only the clinician's assessment of risk, information specific to the client's history (pp. 11-12).

Documentation Reviewed

Risk Screening (26)

Use of New Risk Screening (1)

Reassessment (13)

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for performing screening for risk of victimization and abusiveness reported that all residents are screened for risk of sexual abuse victimization or risk of sexually abusiveness toward other residents by completing the vulnerability assessment. Residents are typically screened on the first day of intake. The information is ascertained through conversations with residents at intake, review of referral packet information, and the mental status examination. Residents risk level is assessed at intake, 30 days after intake, and as needed on a case-by-case basis.

Resident Interview Questionnaire: Of the interviewed residents that could remember the asked questions, reported that when they first arrived during intake by a therapist were asked the questions whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender and whether or not they have a disability or think they may be in danger of sexual abuse. Seven residents reported that they have not been asked the questions again.

It was further reported by the facility Director that the residents who did not receive reassessments were discharged prior to the 30 day time frame.

During the onsite tour the auditor was able to observe the intake process with two new residents who arrived on the second day of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument.

Documentation Reviewed

Risk Screening (26)

Use of New Risk Screening (1)

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (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.

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the initial risk screening considers history of victimization, history of physical or sexual aggression, lack of fit, and perceived risk.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (d). This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the information is ascertained by talking to residents, review of the referral packet information and the mental status examination.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (e). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Therapists and administrative staff have access to this information in their chart.

PREA Compliance Manager- The interviewed staff reported that only clinical and administrative staff have access to the resident's risk assessment.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the agency outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The staff who have access include, clinical, medical, and administrative staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Corrective Action: Upon review it was determined that the screening tool was not objective and was missing some of the key elements. During the post onsite phase, the facility updated the screening instrument and provided an example of the use of the new tool. No further action is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Memo: Determining Group Placement for Residents</p> <p>Interviews:</p> <p>PREA coordinator</p> <p>Staff responsible for Risk Screening</p> <p>Director</p> <p>Medical and mental health staff (2)</p> <p>Randomly selected staff (12)</p> <p>Staff who supervise residents in isolation (2)</p> <p>Transgender/Intersex/Gay/Lesbian/Bisexual Residents (3)</p> <p>Onsite Tour</p> <p>Review of housing units</p> <p>Findings (By Provision):</p> <p>115.342 (a). As stated in the PAQ, the facility, uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse.</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Screening information shall be used to determine rooming assignments with the goal of keeping separate those clients/residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Clients/Residents considered high risk for sexual victimization will be placed in room assignments on an individualized basis. Pathway will determine how to best keep residents safe from sexual victimization. Housing decisions in general and specifically housing for more vulnerable clients is determined by the consensus of the Treatment Team.</p> <p>Pathway shall consider on a case-by-case basis whether a placement of any client would ensure the client's/resident's health and safety, and whether the placement would present management or security problems" (p. 12-13).</p> <p>A memo (statement) was provided by the facility director that indicated that upon admission, residents typically will be placed in the team with an available bed. However, the following factors will be taken into consideration when determine group placement:</p> <ul style="list-style-type: none"> · History of victimization · Gender Identity · Sexual Orientation · History of aggressive behavior · Any previous relationships with other residents outside of Pathway <p>Documentation Reviewed</p> <p>Memo: Determining Group Placement for Residents</p>

Interviews

PREA Compliance Manager – The interviewed staff reported that the risk screening information is used to determine the safety group placement for the residents. The therapist who completes the screening also ends an email indicating the general risk that the resident will be victimized by others or will victimize others to ensure that staff monitor their behavior and peer interactions closely. We have a spreadsheet for vulnerability and abusive behaviors. We would not place a resident who had previous perpetration history with a resident identified as being vulnerable. We frequently review for group placement.

Staff Responsible for Risk Screening – The interviewed staff reported that the agency/facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The information is used to determine placement and only inform direct care staff as needed.

115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that the "Isolation will be used only as a last resort when less restrictive measures are inadequate to keep them and other clients safe, and then only until an alternative means of keeping all clients safe can be arranged. During any period of isolation, clients shall not be denied daily large-muscle exercise, educational programming, or special education services. Clients in isolation shall have access to other programs and work opportunities to the extent possible, not to exceed the same access afforded to clients not in isolation. Clients in isolation shall receive daily visits from a medical or mental health care clinician. If a client is isolated, Pathway staff shall clearly document:

The basis for concern for the client's safety

The reason why no alternative means of separation can be arranged.

If isolation lasts longer than 30 days, Pathway shall afford each client a review to determine whether there is a continuing need for separation from the general population." (p. 13).

Interviews

Director – The interviewed director reported that true isolation is not an option for Pathway of Baldwin County as we do not have isolation rooms. Clients would be placed on a 1:1 ratio away from others to protect them. No clients have been placed in isolation to protect them from abuse

Staff who Supervise Residents in Isolation – The interviewed staff reported that the facility has never had an incident where a resident was placed in isolation for protection of sexual abuse. However, for other restrictive reasons they would still receive medical or mental health services. Aside from residents who reported sexual abuse, residents are in isolation for no longer than 30 minutes.

Medical and Mental Health Staff – One of the interviewed medical and mental health staff reported that the facility does not use isolation on diversion clients. The diversion clients may have isolation, but it is for a short period of time. When residents are in isolation, they still receive visits from medical and mental health.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway does not place gay, bisexual, transgender or intersex clients/residents in dedicated facilities, rooms or floors solely on the basis of such identification" (p. 13).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex residents.

PREA Compliance Manager – The interviewed staff reported that the facility does not have special housing for residents that identify as lesbian, gay, bisexual, transgender, or intersex residents.

Transgender/Intersex/Gay/Lesbian/Bisexual Residents: During interviews of residents, three residents were identified as being either lesbian, gay, or bisexual. Both residents stated they have not been put in a housing area only for lesbian, gay, bisexual, transgendered, or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (d). As reported in the PAQ, the facility makes housing and facility assignments for transgender or intersex residents in a facility on a case-by-case basis.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Pathway shall consider on a case-by-case basis whether a placement of any client would ensure the client's/resident's health and safety, and whether the placement would present management or security problems.

A transgender or intersex resident's own view with respect to his own safety shall be given serious consideration.

Transgender clients/residents will be housed in the safest location as determined by the PREA Compliance Manager, PREA Coordinator and client/resident's therapist. Placement and programming for each transgender or intersex client shall be reassessed at least twice yearly to review any threats to safety experienced by the client (pp. 8-9).

Interviews

PREA Compliance Manager - The interviewed staff reported that housing assignments are determined based on where the resident would be safest.

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

Interviews

PREA Compliance Manager – The interviewed staff reported that the agency considers whether the placement will ensure the resident's health and safety.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that transgender or intersex residents' views of their safety given serious consideration in placement and programming assignments.

115.342 (f). Transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Interviews

PREA Compliance Manager – The interviewed staff reported that any management or security problems would impact the safety of the residents.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that transgender and intersex are residents given the opportunity to shower separately from other residents. It was further reported that all residents shower separately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Interviews

PREA Compliance Manager - The interviewed staff reported that placement and programming assignments for each transgender or intersex resident is reviewed one to two times a week to review any threats to safety experienced by the resident.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the

facility offers a follow--up meeting with a medical and/or medical health practitioner. This typically occurs within 72 hours of intake

115.342 (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. The PAQ, indicated that there were zero residents at risk of sexual victimization who were held in isolation in the past 12 months.

115.342 (i). If reported in a PAQ if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Isolation will be used only as a last resort when less restrictive measures are inadequate to keep them and other clients safe, and then only until an alternative means of keeping all clients safe can be arranged. During any period of isolation, clients shall not be denied daily large-muscle exercise, educational programming, or special education services. Clients in isolation shall have access to other programs and work opportunities to the extent possible, not to exceed the same access afforded to clients not in isolation. Clients in isolation shall receive daily visits from a medical or mental health care clinician. If a client is isolated, Pathway staff shall clearly document:

The basis for concern for the client's safety

The reason why no alternative means of separation can be arranged.

If isolation lasts longer than 30 days, Pathway shall afford each client a review to determine whether there is a continuing need for separation from the general population (p. 13).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Pathway Staff Handbook</p> <p>Original/Updated Resident Handbook</p> <p>Grievance Pictures (2)</p> <p>Grievance Form</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Random sample of residents (11)</p> <p>Findings (By Provision):</p> <p>115.351 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • 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.</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Pathway maintains multiple ways for clients/residents and staff to report allegations of sexual abuse/harassment/staff sexual misconduct perpetrated by other clients/residents, staff contractors or volunteers, retaliation by other clients/residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Pathway staff are mandated to accept all reports of abuse. Upon program entry, clients/residents are informed of ways they can report sexual abuse. These include verbal and/or written reports to any facility staff or the agency PREA Compliance Manger. Reports can also be made anonymously and from third parties. Additionally, clients/residents are informed they may also contact local sexual abuse resources” (p. 14).</p> <p>Corrective Action: During the onsite phase it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff. During the post onsite audit phase, the facility placed forms near the grievance box for residents. Pictures were provided. There is no further action needed.</p> <p>Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated.</p> <p>Resident Handbook states:</p> <p>If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents, you can use the following reporting methods:</p> <ul style="list-style-type: none"> · Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director · Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director · Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.) · Ask to call the Rape Crisis Hotline

- Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the form and placing the form in the Locked Grievance Box

- Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelop in the locked Grievance Box.

If you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI Program Director (Ms. Frandee)

Documentation Reviewed

PBC Handbook (Resident Handbook)

Pictures (Grievance Box)

Interviews

Random Sample of Staff – The interviewed staff reported that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods for which they can report include telling any staff member, write a grievance, write a note to a staff member they trust, or speak to their therapist. Additionally, it was reported that they can contact the hotline number posted around the facility.

Resident Interview Questionnaire: The interviewed staff reported that they could report any sexual abuse or sexual harassment by notifying staff, speak to therapist, or write a grievance.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (b). As reported in the PAQ, the facility provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The PAQ further states that the agency does not detail for civil immigration purposes.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Pathway maintains multiple ways for clients/residents and staff to report allegations of sexual abuse/harassment/staff sexual misconduct perpetrated by other clients/residents, staff contractors or volunteers, retaliation by other clients/residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Pathway staff are mandated to accept all reports of abuse. Upon program entry, clients/residents are informed of ways they can report sexual abuse. These include verbal and/or written reports to any facility staff or the agency PREA Compliance Manger. Reports can also be made anonymously and from third parties. Additionally, clients/residents are informed they may also contact local sexual abuse resources” (p. 14).

Interviews

PREA Compliance Manager – The interviewed staff reported that residents can request to call the rape crisis center hotline. It was further reported that residents are unable to report unanimously because they do not have unsupervised access to phones. Their therapist would have to be present to facilitate the call.

Resident Interview Questionnaire: The interviewed residents reported that they could report an allegation of sexual abuse or sexual harassment that happened to them or someone else by telling staff, telling parents, or write a grievance. When asked if there was someone outside of the facility, they could make a report to, the residents stated parents/family member, counselor, Probation Officer or therapist. Four of the residents interviewed stated they did know if they are allowed to make a report without having to give their name.

Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. In addition, the auditor recommended that the facility develop a process for residents to anonymously report. The facility added to the handbook how to report anonymously in addition to providing the residents with self-addressed stamped envelopes. No further action is warranted.

Resident Handbook states:

If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents,

you can use the following reporting methods:

- Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director
- Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director
- Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.)
- Ask to call the Rape Crisis Hotline
- Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the form and placing the form in the Locked Grievance Box
- Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelop in the locked Grievance Box.

If you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI Program Director (Ms. Frandee)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. It further reported that staff are required to document verbal reports within 48 hours.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Clients/Residents are provided reasonable and confidential access to their attorneys, other legal representation, and their parents/legal guardians" (p. 16).

Interviews

Random Sample of Staff: The interviewed staff reported that when a resident alleges sexual harassment, can he/she do so verbally, in writing, anonymously and through third parties. Such reports can be made immediately. It was reported that documentation can be done by sending an email to supervisor or therapist.

Resident Interview Questionnaire: The interviewed residents reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. It was further reported that their parents could make one on behalf of them if needed. However, two residents stated that someone else could not make a report for them.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (d). As reported in the PAQ, the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews

PREA Compliance Manager – The interviewed staff reported that residents are provided with grievance forms, writing utensils, lined and unlined paper, and envelopes upon request. Locked boxes are present in each dorm if residents do not wish to give their grievance or letter to a staff member in person.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that, "When a client/resident reports an incident of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to Pathway staff members, or staff members observe such incidents, staff will, except as noted elsewhere in agency policy, contact the PREA Compliance Manager and PREA Coordinator. Staff may privately report allegations to the PREA Compliance Manager,

PREA Coordinator, or Chief Executive Officer" (pp. 4-5).

Furthermore, the employee handbook states that "Any staff shall immediately report to a senior staff or director, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment or retaliation that is alleged to have occurred. All staff shall report immediately, within their duty shift, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation. Staff may privately report allegations to the PREA Compliance Manager, PREA Coordinator, or Chief Executive Officer. Juveniles can report allegations of sexual abuse and sexual harassment to staff, a private entity or third party" (p 17).

Interviews

Random Sample of Staff- All of the interviewed staff reported they can privately report sexual abuse and sexual harassment of residents by notifying supervisor or Facility Director, send an email, or make an anonymous call to the hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

115.351 (a) Corrective Action: During the onsite phase it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff. During the post onsite audit phase, the facility placed forms near the grievance box for residents. Pictures were provided. There is no further action needed.

115.351 (b). Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. In addition, the auditor recommended that the facility develop a process for residents to anonymously report.

The facility added to the handbook how to report anonymously in addition to providing the residents with self-addressed stamped envelopes. No further action is warranted.

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 1131 474">Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 506 469 533">Grievance Pictures (2)</p> <p data-bbox="240 564 590 591">Grievances Reviewed (12 months)</p> <p data-bbox="240 622 489 649">Investigation Reports (6)</p> <p data-bbox="240 680 483 707">Findings (By Provision):</p> <p data-bbox="240 739 1493 792">115.352 (a). As reported in the PAQ, the agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.</p> <p data-bbox="240 824 1442 878">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual provides guidance on the process for residents to file a grievance.</p> <p data-bbox="240 909 1442 963">OFFICIAL RESPONSE FOLLOWING A CLIENT/RESIDENT REPORT/COORDINATED RESPONSE-Should a client/resident report a sexual abuse/assault by another client/resident or staff, the following protocol should be followed:</p> <p data-bbox="240 994 868 1021">Staff shall immediately separate the alleged victim and abuser.</p> <p data-bbox="240 1052 1489 1151">The alleged victim may be placed in isolation to keep them safe from the alleged abuser only as a last resort if less restrictive measures are inadequate to keep them and other clients/residents safe and only until an alternative means of keeping all clients/residents safe can be arranged. Pathway will follow all requirements related to isolation (see Section IV, number 13).</p> <p data-bbox="240 1182 1329 1209">Staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p data-bbox="240 1240 1477 1366">If the report is made immediately following the abuse/assault and the victim has not showered, the victim shall remain in the accompaniment of staff and be instructed not to shower or change clothes, brush their teeth, etc. Ensure the alleged abuser does not take any actions that could destroy physical evidence as appropriate (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating).</p> <p data-bbox="240 1397 1477 1523">The staff shall immediately contact 911 for police and ambulance to respond if the victim needs medical attention. Staff is to request a police officer from the sexual abuse/assault unit. PREA Compliance Manager shall promptly report the allegation to the Department of Human Resources as well as the client's legal guardian, unless Pathway has official documentation showing the legal guardian should not be notified.</p> <p data-bbox="240 1554 1477 1608">After hours, the staff on duty shall contact the PREA Compliance Manager and PREA Coordinator for additional instructions and support (may need additional staff to report to facility).</p> <p data-bbox="240 1639 1458 1738">During business hours, the PREA Compliance Manager or designee shall be contacted as soon as possible. The PREA Compliance Manager will be responsible for notifying the PREA Coordinator, who will notify the Chief Executive Officer as appropriate.</p> <p data-bbox="240 1769 1453 1895">The PREA Compliance Manager or designee will contact the referring agency and inform them of the situation. In cooperation with the local authorities, Pathway will determine the status of the accused. If the accused is not immediately taken into custody, Pathway management will evaluate and determine if the accused will be removed/terminated from the treatment program.</p> <p data-bbox="240 1926 1489 1980">Staff are to secure the area where the abuse took place, restricting it from client and staff access until the area is released by the police responding to the incident.</p> <p data-bbox="240 2011 1453 2065">Staff should attempt to obtain a written statement from the victim. Staff will also prepare a written report detailing what the client/resident reported to the staff member, additional information regarding observed evidence, actions taken, etc.</p> <p data-bbox="240 2096 1262 2123">At any time, the client/resident victim may refuse to participate in the process and not proceed with the</p>

investigation/reporting. The client/resident shall not be punished for refusing to cooperate with the investigation.

Pathway will work with community resources and the client/resident to ensure that communications with community resources/advocates are confidential to the extent allowable by law. Prior to referral to a community resource, Pathway will inform client/resident of the extent to which client/resident may expect such communications to remain confidential.

The client/resident may also report a sexual abuse/assault through a grievance form at any time, regardless of the time frame in which the alleged incident occurred. The client/resident shall be separated from the accused and the victim shall be encouraged to report the incident to the police and receive medical attention/evaluation. The same attention and services will be offered to a client/resident who reports a sexual abuse days or weeks after the alleged abuse.

All allegations of sexual abuse/assault shall be taken seriously by staff, recognized as traumatic to the client/resident victim and staff shall be sensitive at all times to the needs and emotions of the victim.

Confidentiality and client/resident privacy shall be maintained at all times, with only those who have a direct "need to know" having access to the personal information and details of the victim and alleged perpetrator.

If a client/resident does not believe their accusations of sexual abuse/assault were responded to appropriately, they do not feel safe as a result of the abuse, or any other concerns regarding the alleged abuse, they may submit a written grievance following the grievance chain of command up to the agency Chief Executive Officer. The decision and response of the agency Chief Executive Officer is final.

As the needs of the client/resident victim are being met, the agency shall assemble the Sexual Abuse Response Team (SART), which may include: the client/resident's Therapist, Senior Shift Leader Supervisor, PREA Compliance Manager, PREA Coordinator, Director and Chief Executive Officer.

- The SART will ensure that the clients are safe and the victim is being cared for physically and emotionally.
- The SART will ensure that policies and procedures are being followed.
- The SART will review the incident and evaluate what possible warning signs were missed. If anything could have been done to prevent the abuse, a corrective action plan will be implemented to prevent an abuse from happening again in the same manner/location, etc.
- SART will ensure that the referring agencies are kept informed and information is relayed between appropriate parties.
- The SART will assist in monitoring for potential retaliation.
- The SART will maintain investigative records of alleged sexual abuse or harassment as long as the alleged abuser is incarcerated or employed by Pathway plus five years.

If an allegation that is reported to and investigated by the appropriate legal authority does not result in criminal charges or disciplinary actions from that body, Pathway reserves the right to conduct an internal investigation. This investigation seeks to determine risk that the abuse/misconduct occurred and will provide Pathway with the opportunity to take the appropriate actions according to agency policy.

Incident reports, investigations and results on client/resident sexual abuse/misconduct will be retained for seven years; statistical data on sexual abuse/assault will be retained for ten years.

Corrective Action: During the onsite phase it was determined that several grievances submitted fell along the continuum of sexual abuse and or sexual harassment. However, they were not forwarded for investigation. Most the allegations were around inappropriate touching and sexual conversations. The facility shall retrain the grievance officer and submit a plan to ensure compliance with the standard.

115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

"The client/resident may also report a sexual abuse/assault through a grievance form at any time, regardless of the time frame in which the alleged incident occurred. The client/resident shall be separated from the accused and the victim shall be encouraged to report the incident to the police and receive medical attention/evaluation. The same attention and services will be offered to a client/resident who reports a sexual abuse days or weeks after the alleged abuse" (p. 18).

Documentation Reviewed

12-month grievances

Grievance Forms Picture (2)

Corrective Action: During the onsite phase it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff. During the post onsite audit phase, the facility placed forms near the grievance box for residents. Pictures were provided. There is no further action needed.

115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Clients/residents are provided 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. These reports/grievances can be given to any staff member at any time and shall not under any circumstances be submitted to the staff member who is the subject of the complaint" (p. 15).

Documentation Reviewed

12-month grievances

Corrective Action: During the onsite phase it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff. During the post onsite audit phase, the facility placed forms near the grievance box for residents. Pictures were provided. There is no further action needed.

115.352 (d). As reported in the PAQ, the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "A decision regarding the merits of any grievance or portion of a grievance alleging sexual harassment must be made within 90 days of the filing of the grievance. Regarding allegations of sexual abuse, Pathway will make an effort to encourage the investigating agency to ensure a decision is made regarding the merits of the grievance or portion of the grievance within 90 days" (p. 22).

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 2.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 2.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Documentation Reviewed

12-month Grievances

Interviews

Corrective Action: During the onsite phase it was determined that several grievances submitted fell along the continuum of sexual abuse and or sexual harassment. However, they were not forwarded for investigation. Most the allegations were around inappropriate touching and sexual conversations. The facility shall retrain the grievance officer and submit a plan to ensure compliance with the standard.

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

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

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Pathway permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist clients/residents in filing requests for administrative remedies relating to allegations of sexual abuse, and file such requests on behalf of clients/residents.

Clients are encouraged to report any act of sexual abuse or sexual harassment that they have witnessed or suspect.

Third Party Reports from staff are required if they witness or suspect potential sexual abuse or sexual harassment in congruence with Pathway's no tolerance policy.

If a client declines to have third-party assistance in filing a grievance alleging sexual abuse, Pathway documents the client's/resident's decision to decline.

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

Clients/Residents are provided reasonable and confidential access to their attorneys, other legal representation, and their parents/legal guardians (p. 16).

Documentation Reviewed

Investigation Reports (6)

12-month grievances

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

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

The number of those grievances in 115.352(f)-3, which had an initial response within 48 hours: 0

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

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

Policy: The Sexual Abuse and Assault policy states that "Clients/residents who allege sexual abuse and sexual harassment by staff or other clients/residents, and whose allegations are proven by investigators to be false will be held accountable through all means available to the agency" (p. 15).

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

Corrective Action and Conclusion:

Corrective Action: During the onsite phase it was determined that several grievances submitted fell along the continuum of sexual abuse and or sexual harassment. However, they were not forwarded for investigation. Most the allegations were around inappropriate touching and sexual conversations. The facility shall retrain the grievance officer and submit a plan to ensure compliance with the standard.

Corrective Action: During the onsite phase it was determined that the grievance forms are not readily accessible to the residents, as they would have to request a form from the staff. During the post onsite audit phase, the facility placed forms near the grievance box for residents. Pictures were provided. There is no further action needed.

115.353 Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual

PREA Flyer

Original/Updated Resident Handbook

Resident Advocacy Training

Interviews:

Random sample of residents (11)

Director

Findings (By Provision):

115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Victim advocates from the Baldwin County Child Advocacy Center can be available at the forensic medical examination. This service is available to all Pathway of Baldwin County clients. A Memorandum of Understanding (MOU) has been signed between Pathway and the Baldwin County Child Advocacy Center.

If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals (p. 9).

Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. Additionally, seven of the female residents received education and information on the advocacy centers. No further action is needed.

Resident Handbook states:

If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents, you can use the following reporting methods:

- Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director
- Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director
- Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.)
- Ask to call the Rape Crisis Hotline
- Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the

form and placing the form in the Locked Grievance Box

- Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelope in the locked Grievance Box.

If you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI Program Director (Ms. Frandee)

Documentation Reviewed

PREA Flyer

Resident Handbook

Client Acknowledgment of Receipt of Advocacy Education/Brochure (7)

Interviews

Random sample of residents: Seven of the interviewed residents reported being aware of outside services that deal with sexual abuse. The interviewed residents that knew of services outside of the facility included counseling, using the hotline, and the Department of Health. Of the residents that knew of services stated the facility gives the information from a therapist, in the handbook, and poster on the walls. The interviewed residents that knew of services stated they did know the telephone numbers were free to call. The interviewed residents that knew of services stated they are able to talk with people from the services at any time. About half of the interviewed residents that knew of services said no or was unaware if what they said to people from the services remains private.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (b). As reported in the PAQ the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It was also reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Such information can be found in the resident handbook.

Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. Additionally, seven of the female residents received education and information on the advocacy centers. No further action is needed.

Resident Handbook states:

If you need to report sexual harassment, sexual abuse, staff sexual misconduct, retaliation by other clients or staff members for reporting sexual abuse/harassment/misconduct, or staff neglect that may have contributed to any of the above incidents, you can use the following reporting methods:

- Make a written report by completing a Grievance Form, which can be turned into to the PREA Compliance Manager/Program Director
- Make a verbal report by asking to speak with your therapist, the shift leader on duty, or the PREA Compliance Manager/Program Director
- Make a written or verbal report to any staff member that you trust (Group leader, Teacher, Nurse, Food Service Staff, etc.)
- Ask to call the Rape Crisis Hotline
- Report anonymously to Pathway by taking a completing a Grievance Form without writing your name at the top of the form and placing the form in the Locked Grievance Box
- Report anonymously to a third party by writing a letter and placing it in the pre-addressed/stamped envelope you receive during intake. You can place this envelope in the locked Grievance Box.

if you have experienced sexual abuse or sexual harassment at Pathway, we will provide you with access to a victim advocate from the Child Advocacy Center upon request who will provide emotional support services throughout the investigative process. To request access to a victim advocate, speak with your therapist or make a written request to your therapist or IDI

Program Director (Ms. Frandee)

Documentation Reviewed

Resident Handbook

Client Acknowledgement of Receipt of Advocacy Education/Brochure (7)

Interviews

Resident Interview Questionnaire: Three of the interviewed residents who reported being aware of outside emotional support or advocacy services reported that they are aware if they could contact an outside service and if they did not contact them if the conversation could remain private.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (c). As reported in the PAQ, the agency or facility does not maintain memoranda of understandings or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Documentation Reviewed

MOU Rape Crisis

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (d). As reported in the PAQ, the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Clients/Residents are provided reasonable and confidential access to their attorneys, other legal representation, and their parents/legal guardians" (p. 16).

Interviews

Director – The interviewed director reported that the facility provides residents with reasonable access and confidential access to their attorneys or other legal representation and parents. They would be allowed to contact their attorney with their therapist or if a face-to-face meeting is requested, we would provide a private space for this to occur. Client is allowed to contact their families via phone with their therapists. Parents are also allowed to attend visitation weekly on Saturday or Sunday. Home passes are allowed once the client earns the opportunity to attend. Family counseling can be scheduled by appointment with the therapist, lastly, clients are allowed to write their families as well.

PREA Compliance Manager – The interviewed staff reported that residents are permitted to speak with their attorney upon request. Access is limited to business hours. Confidentiality is ensured. When probed it was reported that supervisors will make a call and once the attorney is on the phone residents are allowed to talk to the attorney on the phone in the family room and staff stay outside of the room.

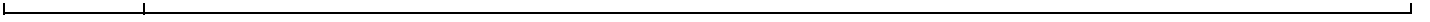
Resident Interview Questionnaire: When the interviewed residents were asked whether the facility allowed them to see or talk to their lawyer privately. Most of the residents stated yes, except for one resident who stated they did not know if the facility allowed them to see or talk to their lawyer privately. The residents stated that they are also allowed to talk to their parents several times a week.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. Additionally, seven of the female residents received education and information on the advocacy centers. No further action is needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.



115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Pathway website: https://www.pathway-inc.com/_files/ugd/139228_ea9b8d3d1c9744cfafad05632b8786e6.pdf</p> <p>Investigation Reports (6)</p> <p>Findings (By Provision):</p> <p>115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p>Pathway permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist clients/residents in filing requests for administrative remedies relating to allegations of sexual abuse, and file such requests on behalf of clients/residents.</p> <p>Clients are encouraged to report any act of sexual abuse or sexual harassment that they have witnessed or suspect.</p> <p>Third Party Reports from staff are required if they witness or suspect potential sexual abuse or sexual harassment in congruence with Pathway's no tolerance policy.</p> <p>If a client declines to have third-party assistance in filing a grievance alleging sexual abuse, Pathway documents the client's/resident's decision to decline.</p> <p>Pathway allows parents or legal guardians of clients/residents to file a grievance alleging sexual abuse, including appeals, on behalf of such client/resident, regardless of whether or not the client/resident agrees to having the grievance filed on their behalf.</p> <p>Clients/Residents are provided reasonable and confidential access to their attorneys, other legal representation, and their parents/legal guardians (p.16).</p> <p>Documentation Reviewed</p> <p>Investigation Reports (6)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Investigation Reports (6)</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Medical and mental health staff (2)</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.361 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "All staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment occurring at Pathway; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation" (p. 15).</p> <p>Interviews</p> <p>Random Sample of Staff – All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff reported similar policy/ procedure for reporting any information related to sexual abuse by notifying supervisor or Facility Director.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Staff are required to comply with all applicable mandatory child abuse reporting laws" (p. 15).</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that they have been trained on the agencies zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:</p> <ol style="list-style-type: none"> a. The agency's zero-tolerance policy on sexual abuse and sexual harassment? b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures? c. Resident's right to be free from sexual abuse and sexual harassment? d. Residents' and employees' right to free from retaliation for reporting sexual abuse and sexual harassments?

- e. The dynamics of sexual abuse and sexual harassment in confinement?
- f. The common reactions of sexual abuse and sexual harassment victims?
- g. How to detect and respond to signs of threatened and actual sexual abuse?
- h. How to avoid inappropriate relationship with residents?
- i. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- k. Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained on initial hire and that they receive monthly training during staff meeting. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (c). As reported in the PAQ, apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Apart from reporting to designated supervisors or officials and designated State or local service agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than the extent necessary, to make treatment, investigation, and other security and management decisions" (p. 15).

Interviews

Random Sample of Staff- All of the interviewed staff reported they can privately report sexual abuse and sexual harassment of residents by notifying supervisor or Facility Director, send an email, or make an anonymous call to the hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (d). Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that at the initiation of services to a resident, the limitations of confidentiality and your duty to report is disclosed. It was further reported that the medical and mental health staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The mental health staff further reported being aware of such incidents however medical reported that they are unaware of any incidents that required medical attention.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (e). Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Documentation Reviewed

Investigation Reports (6)

Interviews

PREA Compliance Manager – The interviewed staff reported that when the facility receives an allegation of sexual abuse, DHR, the local sheriff's department, the referring agency (JPO) and the parent/legal guardian are notified. The allegations are reported to the victims DHR caseworker and guardian ad litem if applicable. If unable to reach by phone an email would be sent immediately. All allegations are reported to the resident's juvenile probation officer immediately.

Director– The interviewed director reported that the when the facility receives an allegation of sexual abuse who they report to depends on the allegation itself. If the allegation is of sexual abuse and potentially criminal in nature, this would be reported to DYS, Local Law Enforcement, and the Department of Human Resources first. From there, the alleged victim's and alleged perpetrator's parent/guardian and probation officer would be notified. At the time of the report. Procedures are in place to handle instances of reports occurring after business hours to ensure that reports are made timely. We would report to the Juvenile Probation Officer. If they request to speak with their attorney, we will allow them to do so. JPO's are contacted the same business day or next business day if report is made after hours. They would be allowed to contact their attorney with their therapist or if a face-to-face meeting is requested, we would provide a private space for this to occur.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (f). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Documentation Reviewed

Investigation Reports (6)

Interviews

Director– The interviewed director reported that allegations of sexual abuse and sexual harassment are reported to the agency's PREA Compliance Manager.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Interviews:</p> <p>Agency head</p> <p>Director</p> <p>Random sample of staff (12)</p> <p>Findings (By Provision):</p> <p>115.362 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual provides the following guidance:</p> <p>An emergency grievance can be filed alleging substantial risk of imminent sexual abuse.</p> <p>Emergency grievances require an initial response within 48 hours and must be immediately reported to the PREA Compliance Manager for review.</p> <p>With the guidance of the PREA Compliance Manager, staff will take immediate action to protect the client/resident from potential imminent sexual abuse.</p> <p>A final decision regarding an emergency grievance shall be made and issued within 5 days (pp. 16-17).</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when they learn that resident is subject to a substantial risk of imminent sexual abuse, immediate protective actions are taken by the facility. The client is moved to a safe location and the alleged abuser is removed or placed under increased supervision by staff. Actions would be taken immediately.</p> <p>Director– The interviewed director reported that there have been no instances of such risk; however, the client would be immediately moved to a safe area and placed on a 1:1 ratio if necessary. Actions would be taken against the potential abuser to prevent abuse to others, up to and including discharge from the facility or immediate termination if this is a staff member. Staff should respond the moment they are made aware of the risk.</p> <p>Random Sample of Staff: The interviewed staff reported that when they learn that a resident is at risk of imminent sexual abuse the actions taken to protect the residents include remove resident from the threat, keep involved parties separated, monitor, report, and document. Such actions would be taken immediately.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Interviews:</p> <p>Agency head</p> <p>Director</p> <p>115.363 (a). As reported in the PAQ the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.363 (b). As reported in the PAQ, the agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.363 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "This notification shall be documented in the client's chart" (p. 16).</p> <p>115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that if another agency or a facility within the agency refers allegations of sexual abuse or sexual harassment that occurred within the facility the head of the agency where the alleged abuse occurred will be notified ASAP and appropriate investigative agency would be notified. This is documented as well. There are no examples of such allegations being reported from another facility or agency.</p> <p>Director - The interviewed director reported that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility the allegation would be investigated in accordance with the PREA policy and procedures manual. There are no examples of another facility or agency reporting such allegations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual

Investigative Reports (6)

Interviews:

Random sample of staff/Security and non-security staff first responders (12)

Residents who reported sexual abuse/harassment (3)

Findings by Provision:

115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

OFFICIAL RESPONSE FOLLOWING A CLIENT/RESIDENT REPORT/COORDINATED RESPONSE-Should a client/resident report a sexual abuse/assault by another client/resident or staff, the following protocol should be followed:

Staff shall immediately separate the alleged victim and abuser.

The alleged victim may be placed in isolation to keep them safe from the alleged abuser only as a last resort if less restrictive measures are inadequate to keep them and other clients/residents safe and only until an alternative means of keeping all clients/residents safe can be arranged. Pathway will follow all requirements related to isolation (see Section IV, number 13).

Staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

If the report is made immediately following the abuse/assault and the victim has not showered, the victim shall remain in the accompaniment of staff and be instructed not to shower or change clothes, brush their teeth, etc. Ensure the alleged abuser does not take any actions that could destroy physical evidence as appropriate (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating).

The staff shall immediately contact 911 for police and ambulance to respond if the victim needs medical attention. Staff is to request a police officer from the sexual abuse/assault unit. PREA Compliance Manager shall promptly report the allegation to the Department of Human Resources as well as the client's legal guardian, unless Pathway has official documentation showing the legal guardian should not be notified.

After hours, the staff on duty shall contact the PREA Compliance Manager and PREA Coordinator for additional instructions and support (may need additional staff to report to facility).

During business hours, the PREA Compliance Manager or designee shall be contacted as soon as possible. The PREA Compliance Manager will be responsible for notifying the PREA Coordinator, who will notify the Chief Executive Officer as appropriate.

The PREA Compliance Manager or designee will contact the referring agency and inform them of the situation. In cooperation with the local authorities, Pathway will determine the status of the accused. If the accused is not immediately

taken into custody, Pathway management will evaluate and determine if the accused will be removed/terminated from the treatment program.

Staff are to secure the area where the abuse took place, restricting it from client and staff access until the area is released by the police responding to the incident.

Staff should attempt to obtain a written statement from the victim. Staff will also prepare a written report detailing what the client/resident reported to the staff member, additional information regarding observed evidence, actions taken, etc.

At any time, the client/resident victim may refuse to participate in the process and not proceed with the investigation/reporting. The client/resident shall not be punished for refusing to cooperate with the investigation.

Pathway will work with community resources and the client/resident to ensure that communications with community resources/advocates are confidential to the extent allowable by law. Prior to referral to a community resource, Pathway will inform client/resident of the extent to which client/resident may expect such communications to remain confidential.

The client/resident may also report a sexual abuse/assault through a grievance form at any time, regardless of the time frame in which the alleged incident occurred. The client/resident shall be separated from the accused and the victim shall be encouraged to report the incident to the police and receive medical attention/evaluation. The same attention and services will be offered to a client/resident who reports a sexual abuse days or weeks after the alleged abuse.

All allegations of sexual abuse/assault shall be taken seriously by staff, recognized as traumatic to the client/resident victim and staff shall be sensitive at all times to the needs and emotions of the victim.

Confidentiality and client/resident privacy shall be maintained at all times, with only those who have a direct "need to know" having access to the personal information and details of the victim and alleged perpetrator.

If a client/resident does not believe their accusations of sexual abuse/assault were responded to appropriately, they do not feel safe as a result of the abuse, or any other concerns regarding the alleged abuse, they may submit a written grievance following the grievance chain of command up to the agency Chief Executive Officer. The decision and response of the agency Chief Executive Officer is final.

As the needs of the client/resident victim are being met, the agency shall assemble the Sexual Abuse Response Team (SART), which may include: the client/resident's Therapist, Senior Shift Leader Supervisor, PREA Compliance Manager, PREA Coordinator, Director and Chief Executive Officer.

- The SART will ensure that the clients are safe and the victim is being cared for physically and emotionally.
- The SART will ensure that policies and procedures are being followed.
- The SART will review the incident and evaluate what possible warning signs were missed. If anything could have been done to prevent the abuse, a corrective action plan will be implemented to prevent an abuse from happening again in the same manner/location, etc.
- SART will ensure that the referring agencies are kept informed and information is relayed between appropriate parties.
- The SART will assist in monitoring for potential retaliation.
- The SART will maintain investigative records of alleged sexual abuse or harassment as long as the alleged abuser is incarcerated or employed by Pathway plus five years.

If an allegation that is reported to and investigated by the appropriate legal authority does not result in criminal charges or disciplinary actions from that body, Pathway reserves the right to conduct an internal investigation. This investigation seeks to determine risk that the abuse/misconduct occurred and will provide Pathway with the opportunity to take the appropriate actions according to agency policy.

Incident reports, investigations and results on client/resident sexual abuse/misconduct will be retained for seven years; statistical data on sexual abuse/assault will be retained for ten years.

In the past 12 months, the number of allegations that a resident was sexually abused: 2.

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 2.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Documentation Reviewed

Investigation Reports (6)

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, contact their chain of command, don't allow them to drink, brush teeth, or shower, and preserve the crime scene. When probed staff reported that they would not share the information with other juveniles or unnecessary staff.

Resident Interview Questionnaire: During interviews of residents, three residents were identified as reporting sexual harassment at the facility. All residents stated a staff member came to help them within a few days after the incident occurred. All residents stated staff found out about the incident from viewing camera footage. Once staff learned about what happened, each resident stated staff talked to everyone immediately after the incident was discovered. All residents stated the staff asked what they did and what happened in the incident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.364 (b). As reported in the PAQ all staff members are considered first responders.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Documentation Reviewed

Investigation Reports (6)

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, contact their chain of command, don't allow them to drink, brush teeth, or shower, and preserve the crime scene. When probed staff reported that they would not share the information with other juveniles or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.365	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 1182 474">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 506 352 533">Interviews:</p> <p data-bbox="240 564 325 591">Director</p> <p data-bbox="240 622 483 649">Findings (By Provision):</p> <p data-bbox="240 680 1490 734">115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p> <p data-bbox="240 766 1441 819">OFFICIAL RESPONSE FOLLOWING A CLIENT/RESIDENT REPORT/COORDINATED RESPONSE-Should a client/resident report a sexual abuse/assault by another client/resident or staff, the following protocol should be followed:</p> <p data-bbox="240 851 868 878">Staff shall immediately separate the alleged victim and abuser.</p> <p data-bbox="240 909 1490 1008">The alleged victim may be placed in isolation to keep them safe from the alleged abuser only as a last resort if less restrictive measures are inadequate to keep them and other clients/residents safe and only until an alternative means of keeping all clients/residents safe can be arranged. Pathway will follow all requirements related to isolation (see Section IV, number 13).</p> <p data-bbox="240 1039 1329 1066">Staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p data-bbox="240 1097 1477 1223">If the report is made immediately following the abuse/assault and the victim has not showered, the victim shall remain in the accompaniment of staff and be instructed not to shower or change clothes, brush their teeth, etc. Ensure the alleged abuser does not take any actions that could destroy physical evidence as appropriate (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating).</p> <p data-bbox="240 1254 1477 1379">The staff shall immediately contact 911 for police and ambulance to respond if the victim needs medical attention. Staff is to request a police officer from the sexual abuse/assault unit. PREA Compliance Manager shall promptly report the allegation to the Department of Human Resources as well as the client's legal guardian, unless Pathway has official documentation showing the legal guardian should not be notified.</p> <p data-bbox="240 1411 1477 1464">After hours, the staff on duty shall contact the PREA Compliance Manager and PREA Coordinator for additional instructions and support (may need additional staff to report to facility).</p> <p data-bbox="240 1496 1458 1594">During business hours, the PREA Compliance Manager or designee shall be contacted as soon as possible. The PREA Compliance Manager will be responsible for notifying the PREA Coordinator, who will notify the Chief Executive Officer as appropriate.</p> <p data-bbox="240 1626 1453 1751">The PREA Compliance Manager or designee will contact the referring agency and inform them of the situation. In cooperation with the local authorities, Pathway will determine the status of the accused. If the accused is not immediately taken into custody, Pathway management will evaluate and determine if the accused will be removed/terminated from the treatment program.</p> <p data-bbox="240 1783 1490 1836">Staff are to secure the area where the abuse took place, restricting it from client and staff access until the area is released by the police responding to the incident.</p> <p data-bbox="240 1868 1453 1921">Staff should attempt to obtain a written statement from the victim. Staff will also prepare a written report detailing what the client/resident reported to the staff member, additional information regarding observed evidence, actions taken, etc.</p> <p data-bbox="240 1953 1353 2020">At any time, the client/resident victim may refuse to participate in the process and not proceed with the investigation/reporting. The client/resident shall not be punished for refusing to cooperate with the investigation.</p> <p data-bbox="240 2051 1466 2150">Pathway will work with community resources and the client/resident to ensure that communications with community resources/advocates are confidential to the extent allowable by law. Prior to referral to a community resource, Pathway will inform client/resident of the extent to which client/resident may expect such communications to remain confidential.</p>

The client/resident may also report a sexual abuse/assault through a grievance form at any time, regardless of the time frame in which the alleged incident occurred. The client/resident shall be separated from the accused and the victim shall be encouraged to report the incident to the police and receive medical attention/evaluation. The same attention and services will be offered to a client/resident who reports a sexual abuse days or weeks after the alleged abuse.

All allegations of sexual abuse/assault shall be taken seriously by staff, recognized as traumatic to the client/resident victim and staff shall be sensitive at all times to the needs and emotions of the victim.

Confidentiality and client/resident privacy shall be maintained at all times, with only those who have a direct "need to know" having access to the personal information and details of the victim and alleged perpetrator.

If a client/resident does not believe their accusations of sexual abuse/assault were responded to appropriately, they do not feel safe as a result of the abuse, or any other concerns regarding the alleged abuse, they may submit a written grievance following the grievance chain of command up to the agency Chief Executive Officer. The decision and response of the agency Chief Executive Officer is final.

As the needs of the client/resident victim are being met, the agency shall assemble the Sexual Abuse Response Team (SART), which may include: the client/resident's Therapist, Senior Shift Leader Supervisor, PREA Compliance Manager, PREA Coordinator, Director and Chief Executive Officer.

- The SART will ensure that the clients are safe, and the victim is being cared for physically and emotionally.
- The SART will ensure that policies and procedures are being followed.
- The SART will review the incident and evaluate what possible warning signs were missed. If anything could have been done to prevent the abuse, a corrective action plan will be implemented to prevent an abuse from happening again in the same manner/location, etc.
- SART will ensure that the referring agencies are kept informed, and information is relayed between appropriate parties.
- The SART will assist in monitoring for potential retaliation.
- The SART will maintain investigative records of alleged sexual abuse or harassment as long as the alleged abuser is incarcerated or employed by Pathway plus five years.

If an allegation that is reported to and investigated by the appropriate legal authority does not result in criminal charges or disciplinary actions from that body, Pathway reserves the right to conduct an internal investigation. This investigation seeks to determine risk that the abuse/misconduct occurred and will provide Pathway with the opportunity to take the appropriate actions according to agency policy.

Incident reports, investigations and results on client/resident sexual abuse/misconduct will be retained for seven years; statistical data on sexual abuse/assault will be retained for ten years.

Interviews

Director– The interviewed director reported that all levels of staffing are provided training on how to respond to incidents of sexual abuse or sexual harassment. Pathway has a Sexual Abuse Response Team who would respond in the event of an allegation of sexual abuse in order to ensure compliance with the PREA standards and ensure proper care is given to the alleged victim. Members of the SART would ensure proper communication and documentation occurs regarding the incident as well.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Findings (By Provision):</p> <p>115.366 (a). N/A-As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency is not responsible for collective bargaining.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>Standard 115.367: Agency protection against retaliation</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Monitoring for Retaliation</p> <p>Interviews:</p> <p>Agency head</p> <p>Director</p> <p>Designated staff member charged with monitoring retaliation</p> <p>Findings (By Provision):</p> <p>115.367 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency has a designated staff charged with monitoring for retaliation.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall protect all clients and staff who report sexual abuse or sexual harassment and cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>Pathway shall employ multiple protection measures, including housing changes or transfers for client 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 for cooperating with investigations. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest</p>

possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items Pathway shall monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Pathway shall continue such monitoring beyond 90 days if the initial monitoring indicates a continued need.

In regard to clients, this such monitoring shall also include periodic status checks.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Pathway's obligation to monitor shall terminate if Pathway determines that the allegation is unfounded (p. 17).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (b). The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment.

Interviews

Agency Head – The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. There is a designated staff member (SSLS) who monitor for such retaliation. We will ensure the staff member and the client in question have minimal interactions by not assigning the staff member to the client's team if necessary or move the client to another team/caseload (if the staff in question is client's therapist). Clients will also receive counseling in an effort to process the feelings and help monitor for retaliation.

Director- The interviewed director reported that the different measures that will be taken after a sexual abuse or sexual harassment allegation. When a client alleges sexual abuse or sexual harassment by a staff member, the staff member is not permitted to return to work until the investigation has cleared them of wrongdoing or they are terminated due to the findings of the investigation. If the allegation involves another client, the clients are immediately separated, and the alleged abuser is monitored closely for continued abuse of others. They could also be removed from the program if warranted. Therapists continue to meet with clients twice weekly to ensure that clients are receiving proper counseling as well as to allow opportunities to report retaliation. Additionally, the Senior Shift Leader Supervisor and Campus Coordinator are tasked with monitoring for retaliation, which includes random checks and regular meetings with the alleged victim to ensure their needs are being met

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) – The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include monitor and observe daily interactions between staff and clients as well as clients and clients. In addition, review staff disciplinary actions from their supervisors and review the consequences that given to the client by the staff. The different measures taken to protect those residents and staff from retaliation include switch the client's team or place the staff on leave (if involved).

Residents who Reported a Sexual Abuse – Upon further review it was determined that the interviewed residents reported sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items Pathway shall monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Pathway shall continue such monitoring beyond 90 days if the initial monitoring indicates a continued need" (p. 17).

Interviews

Director– The interviewed director reported that if retaliation occurs among clients, the alleged abuser could be removed from the program or face further consequences including added time on their treatment. If retaliation occurs by a staff member,

the staff member would face immediate termination. Any suspicion of retaliation would be immediately investigated, and above consequences instituted.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for unfair or unjust treatment of the client by staff, unfounded disciplinary infractions from staff on the client. If it is staff on staff, some of the signs to look for include unfair and unnecessary disciplinary actions or treating the staff differently. Monitoring would occur for a minimum of 90 days and extended if warranted. There is no maximum length of time for monitoring if there is concern for potential retaliation.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks. There was one allegation of sexual abuse that occurred in the last 12 months. That allegation was reported after the resident left the facility; therefore, monitoring did not occur.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for unfair or unjust treatment of the client by staff, unfounded disciplinary infractions from staff on the client. If it is staff on staff, some of the signs to look for include unfair and unnecessary disciplinary actions or treating the staff differently.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interviews

Agency Head – The interviewed agency head reported that if an individual cooperates with an investigation expresses fear of retaliation, the agency/facility would ensure that the designated staff member (SSLS) monitors for retaliation. We will ensure that the staff member and the client in question have minimal interactions by not assignment the staff member to the client's team if necessary or move the client to another team/caseload (if staff in question is the client's therapist). Clients will also receive counseling in an effort to process the feelings and help monitor for retaliation.

Director – The interviewed director reported that when a client alleges sexual abuse or sexual harassment by a staff member, the staff member is not permitted to return to work until the investigation has cleared them of wrongdoing or they are terminated due to the findings of the investigation. If the allegation involves another client, the clients are immediately separated, and the alleged abuser is monitored closely for continued abuse of others. They could also be removed from the program if warranted. Therapists continue to meet with clients twice weekly to ensure that clients are receiving proper counseling as well as to allow opportunities to report retaliation. Additionally, the Senior Shift Leader Supervisor and Campus Coordinator are tasked with monitoring for retaliation, which includes random checks and regular meetings with the alleged victim to ensure their needs are being met. If retaliation occurs among clients, the alleged abuser could be removed from the program or face further consequences including added time on their treatment. If retaliation occurs by a staff member, the staff member would face immediate termination. Any suspicion of retaliation would be immediately investigated, and above consequences instituted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 365 356">Documents:</p> <p data-bbox="240 385 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 1131 472">Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 501 528 530">Monitoring for Retaliation (4)</p> <p data-bbox="240 560 352 586">Interviews:</p> <p data-bbox="240 616 376 645">Agency head</p> <p data-bbox="240 674 325 701">Director</p> <p data-bbox="240 730 844 759">Designated staff member charged with monitoring retaliation</p> <p data-bbox="240 788 483 817">Findings (By Provision):</p> <p data-bbox="240 846 1485 943">115.367 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency has a designated staff charged with monitoring for retaliation.</p> <p data-bbox="240 972 1449 1099">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall protect all clients and staff who report sexual abuse or sexual harassment and cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="240 1128 1469 1391">Pathway shall employ multiple protection measures, including housing changes or transfers for client 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 for cooperating with investigations. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff and shall act promptly to remedy any such retaliation. Items Pathway shall monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Pathway shall continue such monitoring beyond 90 days if the initial monitoring indicates a continued need.</p> <p data-bbox="240 1420 1054 1449">In regard to clients, this such monitoring shall also include periodic status checks.</p> <p data-bbox="240 1478 1477 1538">If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="240 1568 1334 1597">Pathway's obligation to monitor shall terminate if Pathway determines that the allegation is unfounded (p. 17).</p> <p data-bbox="240 1626 501 1655">Documentation Reviewed</p> <p data-bbox="240 1684 528 1713">Monitoring for Retaliation (4)</p> <p data-bbox="240 1742 1469 1803">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1832 1437 1892">115.367 (b). The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment.</p> <p data-bbox="240 1921 347 1951">Interviews</p> <p data-bbox="240 1980 1490 2141">Agency Head – The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. There is a designated staff member (SSLS) who monitor for such retaliation. We will ensure the staff member and the client in question have minimal interactions by not assigning the staff member to the client's team if necessary or move the client to another team/caseload (if the staff in question is client's therapist). Clients will also receive counseling in an effort to process the feelings and help monitor for retaliation.</p>

Director- The interviewed director reported that the different measures that will be taken after a sexual abuse or sexual harassment allegation. When a client alleges sexual abuse or sexual harassment by a staff member, the staff member is not permitted to return to work until the investigation has cleared them of wrongdoing or they are terminated due to the findings of the investigation. If the allegation involves another client, the clients are immediately separated, and the alleged abuser is monitored closely for continued abuse of others. They could also be removed from the program if warranted. Therapists continue to meet with clients twice weekly to ensure that clients are receiving proper counseling as well as to allow opportunities to report retaliation. Additionally, the Senior Shift Leader Supervisor and Campus Coordinator are tasked with monitoring for retaliation, which includes random checks and regular meetings with the alleged victim to ensure their needs are being met

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) – The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include monitor and observe daily interactions between staff and clients as well as clients and clients. In addition, review staff disciplinary actions from their supervisors and review the consequences that given to the client by the staff. The different measures taken to protect those residents and staff from retaliation include switch the client's team or place the staff on leave (if involved).

Residents who Reported a Sexual Abuse – Upon further review it was determined that the interviewed residents reported sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items Pathway shall monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Pathway shall continue such monitoring beyond 90 days if the initial monitoring indicates a continued need" (p. 17).

Documentation Reviewed

Monitoring for Retaliation (4)

Interviews

Director– The interviewed director reported that if retaliation occurs among clients, the alleged abuser could be removed from the program or face further consequences including added time on their treatment. If retaliation occurs by a staff member, the staff member would face immediate termination. Any suspicion of retaliation would be immediately investigated, and above consequences instituted.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for unfair or unjust treatment of the client by staff, unfounded disciplinary infractions from staff on the client. If it is staff on staff, some of the signs to look for include unfair and unnecessary disciplinary actions or treating the staff differently. Monitoring would occur for a minimum of 90 days and extended if warranted. There is no maximum length of time for monitoring if there is concern for potential retaliation.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks. There was one allegation of sexual abuse that occurred in the last 12 months. That allegation was reported after the resident left the facility; therefore, monitoring did not occur.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for unfair or unjust treatment of the client by staff, unfounded disciplinary infractions from staff on the client. If it is staff on staff, some of the signs to look for include unfair and unnecessary disciplinary actions or treating the staff differently.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interviews

Agency Head – The interviewed agency head reported that if an individual cooperates with an investigation expresses fear of retaliation, the agency/facility would ensure that the designated staff member (SSLS) monitors for retaliation. We will ensure that the staff member and the client in question have minimal interactions by not assignment the staff member to the client's team if necessary or move the client to another team/caseload (if staff in question is the client's therapist). Clients will also receive counseling in an effort to process the feelings and help monitor for retaliation.

Director – The interviewed director reported that when a client alleges sexual abuse or sexual harassment by a staff member, the staff member is not permitted to return to work until the investigation has cleared them of wrongdoing or they are terminated due to the findings of the investigation. If the allegation involves another client, the clients are immediately separated, and the alleged abuser is monitored closely for continued abuse of others. They could also be removed from the program if warranted. Therapists continue to meet with clients twice weekly to ensure that clients are receiving proper counseling as well as to allow opportunities to report retaliation. Additionally, the Senior Shift Leader Supervisor and Campus Coordinator are tasked with monitoring for retaliation, which includes random checks and regular meetings with the alleged victim to ensure their needs are being met. If retaliation occurs among clients, the alleged abuser could be removed from the program or face further consequences including added time on their treatment. If retaliation occurs by a staff member, the staff member would face immediate termination. Any suspicion of retaliation would be immediately investigated, and above consequences instituted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual

Interviews:

Director

Medical and mental health staff (2)

Staff who supervise residents in isolation

Findings (By Provision):

115.368 (a). As reported in the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual "states that the alleged victim may be placed in isolation to keep them safe from the alleged abuser only as a last resort if less restrictive measures are inadequate to keep them and other clients/residents safe and only until an alternative means of keeping all clients/resident's safe can be arranged. Pathway will follow all requirements related to isolation (see Section IV, number 13)" (p. 17). The policy further states that "If isolation lasts longer than 30 days, Pathway shall afford each client a review to determine whether there is a continuing need for separation from the general population" (p. 13).

The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0

The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0

From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the resident's safety, and • The reason or reasons why alternative means of separation cannot be arranged: 0

Interviews

Director– The interviewed director reported that there is no such instance where isolation was used to protect a resident who alleged to have suffered sexual abuse. However, true isolation is not an option for Pathway of Baldwin County as we do not have isolation rooms. Clients would be placed on a 1:1 ratio away from others to protect them.

Staff who Supervise Residents in Isolation – The interviewed staff reported that the facility has never had an incident where a resident was placed in isolation for protection of sexual abuse. However, for other restrictive reasons they would still receive medical or mental health services. Aside from residents who reported sexual abuse, residents are in isolation for no longer than 30 minutes. Once a resident is placed in involuntary isolation, they are typically reviewed every 30 minutes.

Medical and Mental Health Staff – The interviewed mental health staff reported the facility does not place diversion youth in isolation; however, IDI may be placed in isolation for a short period of time. While in isolation the residents still receive visits from medical and mental health.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)</p> <p>Investigation Reports (6)</p> <p>Interviews:</p> <p>Director</p> <p>PREA coordinator</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p>INVESTIGATIONS POLICY: It is the general policy of Pathway that all incidents of suspected sexual harassment or sexual abuse be adequately addressed through inquiry or investigation. Any allegation that involves potentially criminal behavior will be immediately reported to local law enforcement and the Department of Human Resources.</p> <p>Sexual Harassment: When allegations of sexual harassment are made, investigations shall take place under the following guidelines:</p> <p>Client/Resident to Client/Resident: The PREA Compliance Manager, his/her designee or the PREA Coordinator shall investigate questioning all parties involved to determine what happened and direct action to prevent further incidents. The Department of Youth Services and Department of Human Resources and all other licensing authorities will be notified of the findings and the PREA Compliance Manager/designee or PREA Coordinator shall file appropriate reports.</p> <p>Staff to Client/Resident: The PREA Compliance Manager, designee and the PREA Coordinator shall investigate, questioning all relevant parties to determine what happened. The Department of Youth Services and Department of Human Resources and all other licensing authorities will be notified of the findings and consulted in determination of actions to be taken.</p> <p>If the PREA Compliance Manager is involved in the allegations: His/her immediate supervisor shall conduct the investigation as noted above.</p> <p>Sexual Abuse: When allegations of sexual abuse/assault are made, the following shall happen:</p> <p>Contact local authorities immediately, if a client/resident reports a sexual assault. If the PREA Compliance Manager or PREA Coordinator is available, he/she shall take responsibility for contacting authorities. If the PREA Compliance Manager is not available, on duty staff must contact authorities without delay.</p> <p>If the allegations or quality of evidence suggest a crime has been committed, no further interview of the victim or perpetrator will be conducted until cleared to do so by prosecuting authority.</p> <p>Pathway will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>If there is a possibility of new physical evidence to be used:</p> <ul style="list-style-type: none"> · Secure the area where the alleged abuse took place and do not allow residents to enter the area until police personnel have cleared the area;

- Do not touch anything in the area where the alleged abuse took place other than to preserve the life or safety of an individual;
- Move the alleged victim to a secure area until authorities arrive;
- If conditions allow, direct the alleged perpetrator to remain in an area where they can be observed until authorities arrive;
- Pathway staff shall cooperate with all aspects of the investigation by local authorities. The PREA Compliance Manager and PREA Coordinator shall endeavor to remain informed about the progress of the investigation and notify all program licensing authorities;
- Pathway's PREA Compliance Manager/designee or PREA Coordinator shall conduct administrative investigation;
- Any substantiated allegations of conduct that appears criminal will be referred for prosecution.

Reporting to Clients/Residents: In the event of a client/resident allegation of sexual abuse, the PREA Compliance Manager shall:

Following an investigation into a client/resident's allegation that he/she suffered sexual abuse in Pathway's facility, the PREA Compliance Manager shall inform the client/resident, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the Pathway did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the client/resident.

Following a client's/resident's allegation that he/she was sexually abused by another client/resident, Pathway will inform the alleged victim when:

- Pathway learns that the alleged abuser has been indicted on a charge related to the sexual abuse;
- Pathway learns that the alleged abuser has been convicted on a charge related to the sexual abuse.

Following a client/resident's allegation that a staff member has committed sexual abuse against the client/resident and the findings are substantiated or unsubstantiated; the PREA Compliance Manager shall inform the client/resident whenever:

- The staff member is no longer employed at the facility;
- The staff is no longer posted within the client's team
- The agency learns that the staff member has been indicted on a charge related to the sexual abuse within the facility;
- The agency learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.

All such notifications or attempted notifications shall be documented by the PREA Compliance Manager.

The PREA Compliance Manager's obligation to report shall terminate if the client/resident is released from Pathway's program.

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

Criminal and administrative agency investigations

Pathway shall conduct its own investigations into allegations of sexual harassment and abuse that do not involve behavior that could potentially be criminal in nature. It shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. At any point if it is determined that the allegation could potentially involve criminal behavior, a report will be made immediately to local law enforcement agency as well as the Department of Human Resources.

Pathway shall not terminate an investigation solely because the source of the allegation recants the allegation.

Administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Pathway shall retain all written reports for as long as the alleged abuser is enrolled or employed at Pathway, plus five years, unless the abuse was committed by a juvenile client and applicable law requires a shorter period of retention.

The departure of the alleged abuser or victim from Pathway shall not provide a basis for terminating an investigation.

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

Pathway shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A decision regarding the merits of any grievance or portion of a grievance alleging sexual harassment must be made within 90 days of the filing of the grievance. Regarding allegations of sexual abuse, Pathway will make an effort to encourage the investigating agency to ensure a decision is made regarding the merits of the grievance or portion of the grievance within 90 days (19-22).

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed staff reported that an investigation is initiated immediately if the nature of the allegation indicates a need for a criminal investigation. If the nature of an administrative only investigation, this would be initiated immediately or immediately at the start of the next business day. Anonymous or third-party allegations would be investigated the same.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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

Documentation Reviewed

Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)

Interviews

Investigative Staff: The interviewed investigators reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was completed through DOJ NIC site. The training provided in depth steps of how to preserve evidence, how to interview juvenile victims, use of proper Miranda and Garrity, evidence collection, and the criteria and requirements to substantiate a case or refer for prosecution.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed investigative staff reported that the first step in initiating an investigation involves the staff member reporting the incident, from their administrators would initiate the investigation. For criminal related investigations the case would be referred to law enforcement, DHR, and DYS. After the allegation has been reported we would preserve the crime scene, conduct interviews, and gather statements. Other pertinent information would be collected.

Direct and circumstantial evidence would include statements from staff/clients and video monitor footage would be collected. Any physical/DNA evidence would be collected by local law enforcement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall not terminate an investigation solely because the source of the allegation recants the allegation" (p. 21).

Interviews

Investigative Staff: The interviewed investigative staff reported that the investigation does not terminate if the source of the allegation recants the abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed investigative staff reported that any incident that is potentially criminal in nature would not be investigated by Administrators. No interviews would be done by administrative staff, this would be left for local law enforcement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the credibility of alleged victims, suspects, or witnesses is done by assessing many aspects to include history of honesty/dishonesty and motivation for the involvement of the incident.

Residents who Reported a Sexual Abuse – While conducting the interviews it was further determined that the interviewed residents reported sexual harassment. However, the residents stated that the staff immediately responded and investigated the allegation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (g). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed investigative staff reported that the efforts that would be made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would be determined through interviewed with the staff and review of video footage. Based on this information, many actions can be taken including disciplinary action and a corrective action plan is implemented. Administrative investigations are documented. Whether the review of the incident indicates a need for policy change, what the motivating factors was for the incident, whether there were physical barriers enabling abuse, whether staffing levels were adequate, whether additional monitoring technology should be implemented.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (h). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Documentation Reviewed

Investigation Reports (6)

It should be noted that there was one allegation that was referred for criminal investigation that is pending.

Interviews

Investigative Staff: The interviewed investigative staff reported that investigative report is retained in the client's file. This also includes reports to DHR and local law enforcement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (i). As reported in the PAQ, there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20,2012, or since the last PREA audit. After the PAQ was completed, there was one allegation of sexual abuse that was referred for criminal investigation. The case is pending.

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed investigative staff reported that any case appearing criminal in nature would be immediately referred to the local law enforcement agency who would make the determination of referring for prosecution based on evidence collected.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (j). As reported in the PAQ the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "the SART will maintain investigative records of alleged sexual abuse or harassment as long as the alleged abuser is incarcerated or employed by Pathway plus five years" (p. 19).

Documentation Reviewed

Investigation Reports (6)

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

The auditor reviewed a letter addressed to the Missouri State Highway Patrol on 8/3/2021, requesting an investigation on an incident that was recently reported however occurred somewhere between July 6, 2022, and July 9, 2020. The allegations were made against a former employee The incident was investigated by the Missouri Department of Social Services. A finding of investigation was provided to the facility.

Interviews

Investigative Staff: The interviewed investigative staff reported that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct, we would proceed as normal. An investigation is not stopped simply because a staff member is terminated or resigns. If the victim leaves the facility, we would proceed as normal. An investigation is not stopped for any reason other than the completion of the investigation and conclusion is reached.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in

compliance with the provisions of this standard. No corrective action is warranted.

115.371 (l). Auditor is not required to audit this provision.

115.371 (m). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. There was one allegation of sexual abuse that was referred to outside law enforcement for investigation.

Documentation Reviewed

Investigation Reports (6)

Interviews

Director– The interviewed director reported that if an outside agency conducted the investigation, they would ensure we have appropriate contact information for the investigator and ensure they have our contact information as well. We would make contact with them regularly for updates regarding our clients.

PREA Coordinator - The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, we will ensure we have appropriate contact information for the investigator and ensure they have our contact information as well. We would make contact with them regularly for updates regarding our clients.

PREA Compliance Manager – The interviewed staff reported that if an outside agency investigates, contact information for investigating officers/DHR caseworkers is retained in order for the facility to request updates on the progress of an investigation.

Investigative Staff: The interviewed investigative staff reported that as the executive director, I would maintain contact with the outside agency to ensure we are provided with updates and are able to keep the alleged victim updated as well. The other interviewed investigator reported that they would assist with interviews, reviewing videos, separating clients, and preserving evidence as needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual

Investigative Reports (6)

Interviews:

Investigative Staff (2)

Findings (By Provision):

115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

Sexual Abuse: When allegations of sexual abuse/assault are made, the following shall happen:

Contact local authorities immediately, if a client/resident reports a sexual assault. If the PREA Compliance Manager or PREA Coordinator is available, he/she shall take responsibility for contacting authorities. If the PREA Compliance Manager is not available, on duty staff must contact authorities without delay.

If the allegations or quality of evidence suggest a crime has been committed, no further interview of the victim or perpetrator will be conducted until cleared to do so by prosecuting authority.

Pathway will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

If there is a possibility of new physical evidence to be used:

Secure the area where the alleged abuse took place and do not allow residents to enter the area until police personnel have cleared the area;

Do not touch anything in the area where the alleged abuse took place other than to preserve the life or safety of an individual;

Move the alleged victim to a secure area until authorities arrive;

If conditions allow, direct the alleged perpetrator to remain in an area where they can be observed until authorities arrive;

Pathway staff shall cooperate with all aspects of the investigation by local authorities. The PREA Compliance Manager and PREA Coordinator shall endeavor to remain informed about the progress of the investigation and notify all program licensing authorities;

Pathway's PREA Compliance Manager/designee or PREA Coordinator shall conduct administrative investigation;

Any substantiated allegations of conduct that appears criminal will be referred for prosecution (p. 20).

Documentation Reviewed

Investigation Reports (6)

Interviews

Investigative Staff: The interviewed investigative staff reported that the standard of evidence is no greater than a preponderance of evidence.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 1131 470">Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 501 389 528">Notification (5)</p> <p data-bbox="240 557 488 584">Investigative Reports (6)</p> <p data-bbox="240 613 352 640">Interviews:</p> <p data-bbox="240 672 323 698">Director</p> <p data-bbox="240 728 456 754">Investigative Staff (2)</p> <p data-bbox="240 786 483 813">Findings (By Provision):</p> <p data-bbox="240 844 1474 938">115.373 (a). As reported in the PAQ, the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="240 969 1423 1030">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Reporting to Clients/Residents: In the event of a client/resident allegation of sexual abuse, the PREA Compliance Manager shall:</p> <p data-bbox="240 1061 1485 1155">Following an investigation into a client/resident's allegation that he/she suffered sexual abuse in Pathway's facility, the PREA Compliance Manager shall inform the client/resident, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1187 1437 1247">If the Pathway did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the client/resident.</p> <p data-bbox="240 1279 1469 1339">Following a client's/resident's allegation that he/she was sexually abused by another client/resident, Pathway will inform the alleged victim when:</p> <p data-bbox="240 1370 1225 1397">Pathway learns that the alleged abuser has been indicted on a charge related to the sexual abuse;</p> <p data-bbox="240 1429 1241 1456">Pathway learns that the alleged abuser has been convicted on a charge related to the sexual abuse.</p> <p data-bbox="240 1487 1458 1547">Following a client/resident's allegation that a staff member has committed sexual abuse against the client/resident and the findings are substantiated or unsubstantiated; the PREA Compliance Manager shall inform the client/resident whenever:</p> <p data-bbox="240 1579 785 1606">The staff member is no longer employed at the facility;</p> <p data-bbox="240 1637 762 1664">The staff is no longer posted within the client's team</p> <p data-bbox="240 1695 1410 1722">The agency learns that the staff member has been indicted on a charge related to the sexual abuse within the facility;</p> <p data-bbox="240 1753 1426 1780">The agency learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.</p> <p data-bbox="240 1812 1281 1839">All such notifications or attempted notifications shall be documented by the PREA Compliance Manager.</p> <p data-bbox="240 1870 1406 1930">The PREA Compliance Manager's obligation to report shall terminate if the client/resident is released from Pathway's program.</p> <p data-bbox="240 1962 1490 2022">The departure of the alleged victim from the program or alleged abuser from employment or control of the program or agency shall not provide basis for terminating an investigation (pp.20-21).</p> <p data-bbox="240 2054 1437 2114">The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 2.</p> <p data-bbox="240 2145 1449 2172">Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were</p>

notified, verbally or in writing, of the results of the investigation: 2.

While there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

One case is pending therefore notification has not been made as of the date of this report.

Documentation Reviewed

Notification (5)-one case pending

Investigative Reports (6)

Interviews

Director– The interviewed director reported the upon completion of the investigation, reporters are made aware of the outcome of the investigation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (b). As reported in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “if the Pathway did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the client/resident” (p. 21).

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

There was one allegation reported after the PAQ was completed that is being investigated by an outside entity.

Documentation Reviewed

Outside Investigation Report (1)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Following a client/resident's allegation that a staff member has committed sexual abuse against the client/resident and the findings are substantiated or unsubstantiated; the PREA Compliance Manager shall inform the client/resident whenever:

The staff member is no longer employed at the facility;

The staff is no longer posted within the client's team

The agency learns that the staff member has been indicted on a charge related to the sexual abuse within the facility;

The agency learns that the staff member has been convicted on a charge related to the sexual abuse within the facility (p. 4).

There has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

While there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

Documentation Reviewed

Notification (5)

115.373 (d). The facility reported in the PAQ that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There was one allegation made; however, the youth was no longer at the facility when the allegation was made; therefore, notification did not occur.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that: Following a client's/resident's allegation that he/she was sexually abused by another client/resident, Pathway will inform the alleged victim when:

Pathway learns that the alleged abuser has been indicted on a charge related to the sexual abuse;

Pathway learns that the alleged abuser has been convicted on a charge related to the sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "all such notifications or attempted notifications shall be documented by the PREA Compliance Manager" (p. 21).

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

While there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

Documentation Reviewed

Notification (5)

115.373 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion:

The facility exceeds the requirements of the standard, in that it provides notification for sexual abuse and sexual harassment allegations.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 1131 470">Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p data-bbox="240 499 477 526">Investigative Report (6)</p> <p data-bbox="240 555 541 582">Disciplinary Action to Staff (2)</p> <p data-bbox="240 611 352 638">Interviews:</p> <p data-bbox="240 667 323 694">Director</p> <p data-bbox="240 723 483 750">Findings (By Provision):</p> <p data-bbox="240 786 1485 848">115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.</p> <p data-bbox="240 878 1481 972">Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that DISCIPLINE: It is the policy of Pathway that all staff will be subject to disciplinary sanctions up to and including termination for violating the sexual harassment and sexual abuse policies.</p> <p data-bbox="240 1001 1374 1028">Staff that have engaged in sexual abuse, sexual coercion, or sexual harassment will be terminated from Pathway.</p> <p data-bbox="240 1057 1430 1120">Disciplinary sanctions for violating the sexual abuse or sexual harassment policy but not for actually engaging in sexual abuse will be based on the following:</p> <p data-bbox="240 1149 772 1176">The nature and circumstances of the acts committed.</p> <p data-bbox="240 1205 633 1232">The staff member's disciplinary history.</p> <p data-bbox="240 1261 1019 1288">The sanctions imposed for similar offenses by other staff with similar histories.</p> <p data-bbox="240 1317 1449 1379">All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement.</p> <p data-bbox="240 1408 1493 1538">All contractors and volunteers who violate Pathway's sexual abuse and/or sexual harassment policies will be prohibited from further contact with clients/residents. Where applicable, law enforcement and licensing agencies will be notified. Pathway will take appropriate remedial measures and consider whether to prohibit further contact with clients/residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="240 1568 1275 1594">Clients/residents will be subject to disciplinary sanctions through a formal disciplinary process following;</p> <p data-bbox="240 1624 1422 1686">An administrative finding that the client/resident engaged in client/resident - on - client/resident sexual abuse or sexual harassment.</p> <p data-bbox="240 1715 1335 1742">Following a criminal finding of guilt for client/resident - on - client/resident sexual abuse or sexual harassment.</p> <p data-bbox="240 1771 1489 1834">Sexual abuse/assault/harassment/coercion are serious misconduct violations for clients/residents in Pathway's program. Any form of such sexual behavior will result in termination from the program.</p> <p data-bbox="240 1863 1458 1926">In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, Pathway will follow the protocol for isolation (see Section IV, number 13).</p> <p data-bbox="240 1955 1422 2018">Pathway offers therapy, counseling and other interventions designed to address and correct the underlying reasons or motivations for abuse, in the event the alleged abuser remains in the program.</p> <p data-bbox="240 2047 1449 2141">Pathway will consider whether to require the offending client/resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p>

A client/resident's report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Pathway will discipline a client/resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Pathway prohibits all sexual activity between clients/residents. As such, Pathway will discipline residents for such activity. Pathway deems such activity to constitute sexual abuse only if it determines that the activity is coerced (p. 23).

Documentation Reviewed

Investigative Report (6)

Disciplinary Action to Staff (2)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.376 (b). The facility reported in the PAQ that there was zero staff that violated the agency's sexual abuse or sexual harassment policies in the past 12 months. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 1.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that DISCIPLINE: It is the policy of Pathway that all staff will be subject to disciplinary sanctions up to and including termination for violating the sexual harassment and sexual abuse policies.

Staff that have engaged in sexual abuse, sexual coercion, or sexual harassment will be terminated from Pathway.

Disciplinary sanctions for violating the sexual abuse or sexual harassment policy but not for actually engaging in sexual abuse will be based on the following:

The nature and circumstances of the acts committed.

The staff member's disciplinary history.

The sanctions imposed for similar offenses by other staff with similar histories.

All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement.

All contractors and volunteers who violate Pathway's sexual abuse and/or sexual harassment policies will be prohibited from further contact with clients/residents. Where applicable, law enforcement and licensing agencies will be notified. Pathway will take appropriate remedial measures and consider whether to prohibit further contact with clients/residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Clients/residents will be subject to disciplinary sanctions through a formal disciplinary process following;

An administrative finding that the client/resident engaged in client/resident - on - client/resident sexual abuse or sexual harassment.

Following a criminal finding of guilt for client/resident - on - client/resident sexual abuse or sexual harassment.

Sexual abuse/assault/harassment/coercion are serious misconduct violations for clients/residents in Pathway's program. Any form of such sexual behavior will result in termination from the program.

In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, Pathway will follow the protocol for isolation (see Section IV, number 13).

Pathway offers therapy, counseling and other interventions designed to address and correct the underlying reasons or motivations for abuse, in the event the alleged abuser remains in the program.

Pathway will consider whether to require the offending client/resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

A client/resident's report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Pathway will discipline a client/resident for sexual contact with staff only upon a finding that the staff member did not consent

to such contact.

Pathway prohibits all sexual activity between clients/residents. As such, Pathway will discipline residents for such activity. Pathway deems such activity to constitute sexual abuse only if it determines that the activity is coerced (p. 23).

Documentation Reviewed

Disciplinary Action to Staff (2)

115.376 (c). According to the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were zero disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Disciplinary sanctions for violating the sexual abuse or sexual harassment policy but not for actually engaging in sexual abuse will be based on the following:

The nature and circumstances of the acts committed.

The staff member's disciplinary history.

The sanctions imposed for similar offenses by other staff with similar histories (p. 22).

Documentation Reviewed

Investigative Report (6)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.376 (d). According to the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement." (p. 22).

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.377 (a). As reported in the PAQ, there have been zero volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of residents. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement. All contractors and volunteers who violate Pathway's sexual abuse and/or sexual harassment policies will be prohibited from further contact with clients/residents. Where applicable, law enforcement and licensing agencies will be notified. Pathway will take appropriate remedial measures and consider whether to prohibit further contact with clients/residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (p 22).</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>115.377 (b). As reported in the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "All staff, contractor, and volunteer terminations or resignations resulting from criminal sexual abuse will be referred to law enforcement. All contractors and volunteers who violate Pathway's sexual abuse and/or sexual harassment policies will be prohibited from further contact with clients/residents. Where applicable, law enforcement and licensing agencies will be notified. Pathway will take appropriate remedial measures and consider whether to prohibit further contact with clients/residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (p 22).</p> <p>Interviews</p> <p>Director– The interviewed director reported that if the allegation involved a volunteer or contractor they would not be allowed back on our premises. Additionally, we would follow our procedures for reporting this to Local Authorities and DHR. We would follow our procedures for reporting this to Local Authorities and DHR.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Interviews:</p> <p>Director</p> <p>Medical and mental health staff (2)</p> <p>Findings (By Provision):</p> <p>115.378 (a). As reported in the PAQ, there were no reported residents subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Clients/residents will be subject to disciplinary sanctions through a formal disciplinary process following; An administrative finding that the client/resident engaged in client/resident - on - client/resident sexual abuse or sexual harassment. Following a criminal finding of guilt for client/resident - on - client/resident sexual abuse or sexual harassment (pp. 22).</p> <p>In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted</p> <p>115.378 (b). Per the PAQ, in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. It was also reported in the PAQ that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0</p> <p>In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0</p> <p>In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, Pathway will follow the protocol for isolation (see Section IV, number 13)” (p. 23).</p> <p>Interviews</p> <p>Director– The interviewed director reported that Any Criminal finding of abuse would result in unsuccessful discharge from the program and potential for more charges. Administrative findings could result in unsuccessful discharge from the program or adding time to their treatment. we look at the circumstances and client’s history and ensure consequences are appropriate to the situation and follow with other similar offenses by other clients. Mental disability or illness would be taken into consideration when determining sanctions. However, regardless of disability or illness, safety would remain a priority; therefore, if they client posed a substantial risk to others they would be unsuccessfully discharged from the program. It</p>

was further reported that the facility does not use isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interviews

Director– The interviewed director reported that Any Criminal finding of abuse would result in unsuccessful discharge from the program and potential for more charges. Administrative findings could result in unsuccessful discharge from the program or adding time to their treatment. we look at the circumstances and client's history and ensure consequences are appropriate to the situation and follow with other similar offenses by other clients. Mental disability or illness would be taken into consideration when determining sanctions. However, regardless of disability or illness, safety would remain a priority; therefore, if they client posed a substantial risk to others they would be unsuccessfully discharged from the program. It was further reported that the facility does not use isolation. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (d). As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It was further reported that if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to an offending resident. When the services are provided, we do not require a resident's participation as a condition of access to any rewards-based behavior management system and programming education. However, if in a treatment program one would have to participate in order to progress through the program.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (e). As reported in the PAQ, the facility does disciplines resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway will discipline a client/resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact" (p. 23).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (f). As reported in the PAQ, the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "A client/resident's report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident, even if the investigation does not establish evidence sufficient to substantiate the allegation" (p. 23).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (g). As reported in the PAQ, the facility prohibits sexual activity between residents. In addition, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway prohibits all sexual activity between clients/residents. As such, Pathway will discipline residents for such activity. Pathway deems such activity to constitute sexual abuse only if it determines that the activity is coerced" (p. 23).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Therapy Note (25)</p> <p>Interviews:</p> <p>Staff responsible for Risk Screening</p> <p>Medical and mental health staff (2)</p> <p>Residents who reported a prior history of sexual abuse (4)</p> <p>Findings (By Provision):</p> <p>115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Clients/residents who disclose any prior sexual victimization or perpetration during the vulnerability assessment are offered a follow-up meeting with a medical, where appropriate, or mental health practitioner within 14 days of the admission screening. These meetings are documented in the client/resident’s chart” (p. 13).</p> <p>Documentation Reviewed</p> <p>Therapy Note</p> <p>Interviews</p> <p>Resident Interview Questionnaire: During interview of residents, four residents were identified as disclosing prior sexual victimization during risk screening. Residents were asked when they told someone at the facility they had been sexually abused, did he or she ask if you wanted to meet with a doctor (medical or mental health practitioner)? All residents stated they were not asked if they wanted to meet with a doctor.</p> <p>Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow--up meeting with a medical and/or medical health practitioner. This typically occurs within 30 days of intake. However, the doctor comes in once per week for diversion residents and once per month for IDI residents.</p> <p>115.381 (b). As indicated in the PAQ, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Clients/residents who disclose any prior sexual victimization or perpetration during the vulnerability assessment are offered a follow-up meeting with a medical, where appropriate, or mental health practitioner within 14 days of the admission screening. These meetings are documented in the client/resident’s chart” (p. 13).</p> <p>In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100.</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting or in the community, the</p>

facility offers a follow--up meeting with a medical and/or medical health practitioner. All residents have therapist that they mee with 1-4 times per week. The follow up occurs within 2-3 days if not sooner.

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that to ensure confidentiality and sensitivity of information of the client's/resident's responses on the assessment, assessment information will be kept in the client's/resident's confidential file. However, communication will be disseminated to staff regarding a client's overall risk of victimization or risk of perpetrating a violent or sexual act. This will include only the clinician's assessment of risk, information specific to the client's history.

Screening information shall be used to determine rooming assignments with the goal of keeping separate those clients/residents at high risk of being sexually victimized from those at high risk of being sexually abusive (p. 12).

115.381 (d). As reported in the PAQ, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway staff will obtain informed consent to report information regarding sexual victimization that did not occur in an institution setting, unless the client/resident is under the age of 18" (p. 13).

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff stated that if the resident is under 18, they do not obtain informed consent as they have a duty to report.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Follow up with medical and mental health (4)</p> <p>Follow up with advocacy center (1)</p> <p>Interviews:</p> <p>Medical and mental health staff (2)</p> <p>Security staff and non-security staff first responders (12)</p> <p>Findings (By Provision):</p> <p>115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>It was further reported that there were no instances that occurred in the last 12 months.</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Forensic medical examinations in the community will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim. SANE Nurses are located at USA Women's and Children's Hospital. In the event that a SANE is unavailable, a forensic medical examination will be provided by a qualified medical practitioner" (p. 9).</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed medical and mental health staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. We would send the residents to the University of Alabama Children and Women's Hospital, as they are the only provider that provides pediatric SANE services. The services would be offered immediately following the report of the incident. It was further reported that the nature and the scope of the services are determined according to your professional judgement.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.382 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Documentation Reviewed</p> <p>Follow up with medical and mental health (4)</p> <p>Follow up with advocacy center (1)</p> <p>Interviews</p> <p>Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, contact their chain of command, don't allow them to drink,</p>

brush teeth, or shower, and preserve the crime scene. When probed staff reported that they would not share the information with other juveniles or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviewed medical and mental health staff reported that such services are addressed immediately.

Documentation Reviewed

Follow up with medical and mental health (4)

Follow up with advocacy center (1)

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Treatment services shall be provided to the alleged victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident” (p. 24).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Follow up with medical and mental health (4)</p> <p>Follow up with advocacy center (1)</p> <p>Findings (By Provision):</p> <p>115.383 (a). As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:</p> <p>MEDICAL AND MENTAL CARE: It is the intention of Pathway that there will be no long-term forfeiture of services for victims of sexual abuse, sexual coercion, sexual harassment or sexual solicitation. Recognizing that the safety of the victim is paramount, room assignments will be taken into consideration.</p> <p>Medical access to services for victims of sexual abuse will be handled in the community.</p> <ul style="list-style-type: none"> · Timely, unimpeded access to emergency medical treatment without financial cost, as determined by the medical practitioners' professional judgment. All services, or attempt to provide services, will be documented. · Timely access to testing and prophylactic treatment for sexually transmitted diseases and infections, in accordance with professionally accepted standards of care, where medically appropriate. · Communication with community sexual abuse advocate regarding any information deemed not confidential. <p>Mental health services for victims of sexual abuse will be referred to their therapist for:</p> <ul style="list-style-type: none"> · Timely, unimpeded access to appropriate mental health evaluation services without financial cost as determined by the therapist's professional judgment. · Comprehensive information of limits of confidentiality and duty to report. · Completion of a mental health evaluation <p>Treatment services shall be provided to the alleged victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Ongoing Medical Care</p> <p>Pathway shall offer medical and mental health evaluation and as appropriate, treatment to all clients who have been victimized by sexual abuse in any lockup or juvenile facility.</p> <ul style="list-style-type: none"> · Evaluation and treatment of such victims shall 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. · Pathway shall provide such victims with medical and mental health services consistent with the community level of care. · Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. · If pregnancy results from conduct specified in number four of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. · Client victims of sexual abuse while incarcerated shall be offered continued tests for sexually transmitted infections as

medically appropriate.

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

- Pathway shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Documentation Reviewed

Follow up with medical and mental health (4)

Follow up with advocacy center (1)

185.383 (A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.b). The evaluation and treatment of such victims shall 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.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that from a medical standpoint, if a client has been sexually assaulted, they would be taken offsite to see a SANE for the collection of physical evidence. At this point, emergency contraception would be discussed and/or offered. The STD/STI testing would also be offered. Follow up appointments would be available if a medical need arose. The mental health staff would provide treatment plans, counseling, and recommendations for continued care.

Documentation Reviewed

Follow up with medical and mental health (4)

Follow up with advocacy center (1)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that mental health services are consistent with community level of care.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383 (d). As reported in the PAQ, Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests” (p. 24).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “If pregnancy results from conduct specified in number four of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services” (p. 24).

Interviews

Medical and Mental Health Staff - The interviewed medical and mental health staff reported that if pregnancy results from sexual abuse while incarcerated, victims given timely information and access to all lawful pregnancy--related services. Such information would be provided immediately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "client victims of sexual abuse while incarcerated shall be offered continued tests for sexually transmitted infections as medically appropriate" (p. 24).

115.383 (g). As reported in the PAQ, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident" (p. 24).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Pathway shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (p. 24).

Interviews

Medical and Mental Health Staff - The interviewed medical and mental health staff reported that the mental health staff will conduct an assessment upon intake. It was further reported that the comprehensive intake assessment and vulnerability assessment is completed upon intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Investigation Report (5):</p> <ul style="list-style-type: none"> · PREA Data Collection Instrument/Findings · Statements · Notification · Incident Report <p>Interviews:</p> <p>Director</p> <p>Incident review team (2)</p> <p>Findings (By Provision):</p> <p>115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility provided a document that shows how an incident review debriefing would be documented.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 2.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Sexual abuse incident reviews will be conducted: A review team will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. This will be done within 30 days of the conclusion of the initial investigation" (pp. 24-25).</p> <p>Documentation Reviewed</p> <p>Investigative Reports/Incident Reviews (5)</p> <p>It should be noted that the facility exceeds the requirements of the provision in that all allegations of sexual abuse and sexual harassment receive an incident review. One allegation is pending therefore an incident review has not occurred.</p> <p>115.386 (b). Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 2.</p> <p>Documentation Reviewed</p> <p>Investigative Reports/Incident Reviews (5)</p> <p>Corrective Action: The incident review (Administrative Review) form was completed but the form did not have a line to indicate who participated in the review. The form was updated to include a signature line. No further action is warranted.</p> <p>115.386 (c). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "The review team</p>

shall include the Director, PREA Compliance Manager, Human Resources staff member, and Senior Shift Leader Supervisor, with input from Shift Leaders and therapists" (p. 25).

Documentation Reviewed

Investigative Reports/Incident Reviews (5)

Interviews

Director– The interviewed director reported that the incident review team includes upper-level management, our Nursing Supervisor, the client's therapist, and our Senior Shift Leader Supervisor.

Corrective Action: The incident review (Administrative Review) form, was completed but the form did not have a line to indicate who participated in the review. The form was updated to include a signature line. No further action is warranted.

115.386 (d). The facility reported in the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Interviews

Director– The interviewed director reported that the information collected by the SART is used to evaluate for potential warning signs that were missed, corrective action that needs to occur including staff training, policy changes, or changes to our procedures. Recommendations are made as a result and implemented. 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; and/or other group dynamics at the facility.

The team does a thorough inspection of the area, including the cameras to ensure nothing needs to be readjusted, moved or replaced to prevent further abuse.

The team identifies if the staffing plan was followed and if changes to the plan need to be made.

As a part of the review of cameras, the team would identify if the current video technology was adequate or enabled abuse to occur. They would recommend changes based on the findings.

PREA Compliance Manager – The interviewed staff reported that data is collected for each resident and sent to the PREA Coordinator who compiles the data in a report. The PREA Compliance manager completes an administrative review of each incident to ensure that standards were followed and indicates areas where improvement/corrective action is needed. This report is given to the PREA Coordinator.

Incident Review Team – The interviewed staff on the incident review team reported that the team will 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 was motivated or otherwise caused by other group dynamics at the facility. One example is that they have looked at the camera looks near the restroom. Since cameras cannot be placed in the restroom having cameras nearby to see who goes in is necessary. When conducting the review, the team will look at staffing levels during the different shifts; along with determine where additional camera coverage is needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.386 (e). The facility reported in the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that:

The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider any potential motivators of the incident or allegations;

Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels during different shifts

Assess whether monitoring technology should be augmented to supplement supervision

Prepare a report of its findings and any recommendations for improvement and submit such report to the CEO and PREA Compliance Manager.

Recommendations for improvement shall be implemented, or reasons for not doing so will be documented (pp. 25-26).

Corrective Action and Conclusion

115.386 (c) The incident review (Administrative Review) form, was completed but the form did not have a line to indicate who participated in the review. The form was updated to include a signature line. No further action is warranted.

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>SSV Report (2020 Data Collection)</p> <p>Findings (By Provision):</p> <p>115.387 (a). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “A standardized instrument will be utilized for the purpose of data collection to ensure uniform data from every allegation of sexual abuse and sexual harassment is collected. This instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice” (p. 24).</p> <p>Documentation Reviewed</p> <p>SSV Report (2020 Data Collection)</p> <p>115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually.</p> <p>Documentation Reviewed</p> <p>115.387 (c). As reported in the PAQ the facility uses a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that “A standardized instrument will be utilized for the purpose of data collection to ensure uniform data from every allegation of sexual abuse and sexual harassment is collected. This instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice” (p. 24).</p> <p>Documentation Reviewed</p> <p>SSV Report (2020 Data Collection)</p> <p>115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that Pathway will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews” (p. 24).</p> <p>115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.). It was further reported that the data from private facilities complies with SSV reporting regarding content.</p> <p>115.387 (f). As reported in the PAQ, the agency has provided the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual</p> <p>Website</p> <p>2020/2021 Annual Report</p> <p>Interviews:</p> <p>Agency head</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identified problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. <p>Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that the facility will “Ensure that annual reviews include inspection for areas and situations where sexual abuse may be likely to occur and recommend mitigation for those areas and situations. Corrective action will be taken on an ongoing basis.</p> <p>Produce an annual summary for the Chief Executive Officer that provides an assessment of Pathway’s progress in addressing sexual abuse. The annual report shall include the frequency and severity of sexual abuse/sexual harassment within Pathway’s facilities including trends during the year, comparisons to previous years, deficiencies identified in the annual report, and corrective action from the previous year’s report. The annual report will be available through Pathway’s website” (p. 25).</p> <p>Documentation Reviewed</p> <p>2020/2021 Annual Report</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that incident based sexual abuse data is used to assess and improve problem areas or other issues are identified and corrective action is taken as needed.</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that all data is filed in the office of the PREA Coordinator. Only select administrative staff have access to this area. The collected data is reviewed annually to ensure that no data is due to be terminated. Upon review of each PREA related incident, any identified areas of concern are addressed through corrective action. The data is reviewed yearly and compiled into a yearly report. This report looks at trends for each facility and compares the data from the current year to the previous. The report includes any corrective action taken. It is approved by the CEO and placed on Pathway, Inc’s website.</p> <p>PREA Compliance Manager – The interviewed staff reported that transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making placement and programming assignments.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year’s data and corrective</p>

actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that the facility will "Produce an annual summary for the Chief Executive Officer that provides an assessment of Pathway's progress in addressing sexual abuse. The annual report shall include the frequency and severity of sexual abuse/sexual harassment within Pathway's facilities including trends during the year, comparisons to previous years, deficiencies identified in the annual report, and corrective action from the previous year's report. The annual report will be available through Pathway's website" (p. 25).

Documentation Reviewed

2020/2021 Annual Report

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The agency PREA reports are found at: <https://www.pathway-inc.com/copy-of-services>.

Interviews

Agency Head- The interviewed agency head reported that they approve the agency annual reports. The annual reports are completed after review of the data collected for the year to identify trends and corrective action that may be necessary. These reports are provided to the CEO for review and published on our website.

115.388 (d). As reported in the PAQ, the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. In addition, the agency indicates the nature of material redacted.

Documentation Reviewed

2020/2021 Annual Report

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that any personal identifying information of staff or clients would be redacted; however, to date no material has been redacted from our annual reports. If material was redacted, we would indicate the nature of that material.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual

Website: <https://www.pathway-inc.com/copy-of-services>.

Interviews:

PREA coordinator

Findings (By Provision):

115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Data collected will be securely retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise" (p. 26).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that all data is filed in the office of the PREA Coordinator. Only select administrative staff have access to this area. The collected data is reviewed annually to ensure that no data is due to be terminated. Upon review of each PREA related incident, any identified areas of concern are addressed through corrective action.

115.389 (b). As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Policy: Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that the facility will "Produce an annual summary for the Chief Executive Officer that provides an assessment of Pathway's progress in addressing sexual abuse. The annual report shall include the frequency and severity of sexual abuse/sexual harassment within Pathway's facilities including trends during the year, comparisons to previous years, deficiencies identified in the annual report, and corrective action from the previous year's report. The annual report will be available through Pathway's website" (p. 25).

Documentation Reviewed

Website: <https://www.pathway-inc.com/copy-of-services>.

115.389 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

115.389 (d). As reported in the PAQ, the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy: The Pathway, Inc. Prison Rape Elimination Act (PREA) Policy and Procedures Manual states that "Data collected will be securely retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise" (p. 26).

Documentation Reviewed

Website: <https://www.pathway-inc.com/copy-of-services>.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 365 356">Documents:</p> <p data-bbox="242 387 408 414">Agency Website</p> <p data-bbox="242 445 483 472">Findings (By Provision):</p> <p data-bbox="242 504 1490 593">115.401 (a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="242 624 1391 651">115.401 (b). As reported by the PREA coordinator, the facility is the only facility operated by the governing agency.</p> <p data-bbox="242 683 1485 813">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the Director. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 844 1453 934">115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 965 1490 1126">115.401 (m). The auditor was provided private rooms throughout the facility to conduct resident interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="242 1158 1398 1216">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1247 1449 1305">115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p data-bbox="242 1337 579 1364">Corrective Action and Conclusion</p> <p data-bbox="242 1395 791 1422">No corrective action is recommended for this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Agency website</p> <p>Findings (By Provision):</p> <p>115.403 (f). The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.</p> <p>Corrective Action and Conclusion</p> <p>No corrective action is recommended for this standard.</p>

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

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

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

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

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

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

115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	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

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

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

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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