PREA Facility Audit Report: Final

Name of Facility: Robert E. Lewis Residential Treatment Academy
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 12/03/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Robert Burns Latham	**Date of Signature:** 12/03/2025

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	09/23/2025
End Date of On-Site Audit:	09/25/2025

FACILITY INFORMATION	
Facility name:	Robert E. Lewis Residential Treatment Academy
Facility physical address:	4625 McClellan Boulevard, P.O. Box 4519, Anniston, Alabama - 36206
Facility mailing address:	P.O. Box 4519, Anniston, Alabama - 36204

Primary Contact

Name:	Chaisit E. Tongsuvone
Email Address:	ctongsuvone@cvys.net
Telephone Number:	2562367190

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

Facility PREA Compliance Manager	
Name:	Chaisit Tongsuvone
Email Address:	ctongsuvone@cvys.net
Telephone Number:	256-236-7190 ext. 11

Facility Health Service Administrator On-Site	
Name:	Jennifer Pembrook
Email Address:	jpembrook@cvys.net
Telephone Number:	56-237-2881

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	16
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	13-18
Facility security levels/resident custody levels:	non secured residential program
Number of staff currently employed at the facility who may have contact with residents:	9
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	11

AGENCY INFORMATION	
Name of agency:	Coosa Valley Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	4625 McClellan Boulevard, P.O. Box 4519, Anniston, Alabama - 36206
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Leisa Cole	**Email Address:**	Leisa@cvys.net

Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-23
2. End date of the onsite portion of the audit:	2025-09-25

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	• Alabama Department of Youth Servies • 2nd Chance, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	16
16. Number of inmate/resident/detainee housing units:	24
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	15
25. 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
26. 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:	1
27. 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
28. 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
29. 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
30. 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:	0

31. 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:	1
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. 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:	0
34. 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
35. 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):	There were fifteen residents in the facility as of the first day of the onsite portion of the audit. The facility identified one resident with a learning disability and one resident who identified as transgender .
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	9
37. 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:	11

38. 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
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were interviewed from both housing units.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. 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):	Ten of the fifteen residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
48. 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:	1
49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
50. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
52. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
53. 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:	1
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.

55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration methods included interviewing staff and residents.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration methods included interviewing staff and residents.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor was provided with a list of residents for selecting targeted interviews. In addition to picking residents from the list, the auditor corroborated the information provided by interviewing staff and residents and reviewing risk screening information.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	All eight staff from all shifts for the two days of the audit were interviewed.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☑ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. 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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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)?	(●) Yes ( ) No
73. 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)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor had access to all areas of the facility. During the site review the auditor had informal, conversations with residents and staff. The auditor tested the following critical functions: • The facility's process for securing interpretation services on-demand (Jacksonville State University International House and Programs) • Internal reporting methods for confined persons (grievance) • External reporting methods for confined persons (Alabama Department of Youth Services Sexual Assault Hotline) • Access to outside emotional support services • Third-Party Reporting

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.

77. 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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor selected documents for staff interviewed. Documents reviewed included personnel records and training records. Additionally, the auditor reviewed documents for residents interviewed. Documents reviewed included intake records, initial risk assessments, and use of screening information.

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.

79. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. 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	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

81. 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	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

84. 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	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.	○ Yes ◉ No

Non-certified Support Staff

103. 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.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services Organizational Chart • Assistant Director Job Description • Program Manager Job Description • Interview with PREA coordinator • Interview with PREA compliance manager **Reasoning and analysis (by provision):** **15.311 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire

indicated:
The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Coosa Valley Youth Services PREA Policy (page 1):
Coosa Valley Youth Services (CVYS) has zero tolerance towards all forms of sexual abuse and sexual harassment. The agency will take appropriate actions to reduce the risk of all forms of sexual abuse and sexual harassment within all Coosa Valley Youth Services programs.

Coosa Valley Youth Services prohibits any form of sexual activities involving youth-on-youth, and administration/staff/visitors/contractors/volunteers/interns-on-youth. Such conduct is subject to administrative, disciplinary sanctions, termination, and/or criminal prosecution.

The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy addresses prevention of sexual abuse and sexual harassment through the designations of a PREA coordinator and PREA compliance managers, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.311 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and

	oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA coordinator is in the agency's organizational structure is assistant director. Coosa Valley Youth Services PREA Policy (page 4): The Assistant Director will serve as the Agency-wide PREA Coordinator, unless otherwise designated by the Executive Director. The Agency-Wide PREA Coordinator will have complete and unrestricted access to all agency facilities, offices, records, staff, and youth. Facility staff will cooperate fully with the PREA Coordinator without fear of reprisal or reprimand. **What was heard, as part of a systematic review of evidence:** Interview with the PREA coordinator: The PREA Coordinator stated that they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. Coosa Valley Youth Services has three PREA Compliance Managers who communicate daily and participate in weekly administrative meetings. When an issue is identified, a corrective action plan is promptly implemented to ensure the agency remains in full compliance with PREA standards. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.311 (c)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA compliance manager in the agency's organizational structure as program manager. The PREA compliance manager reports to the assistant director. Coosa Valley Youth Services PREA Policy (page 4): Each CVYS Program Manager will serve as the PREA Compliance Manager for their respective programs unless otherwise designated by the Executive Director. The PREA Compliance Manager must be included in the agency and facility organization charts. **What was heard, as part of a systematic review of evidence:** Interview with the PREA compliance manager: The PREA compliance manager stated they are provided with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 **Reasoning and analysis (by provision):** **115.312 (a)** N/A **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. Coosa Valley Youth Services PREA Policy (page 5): CVYS does not contract with any entity for the confinement of youth. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.312 (b)** N/A Coosa Valley Youth Services PREA Policy (page 5): See 115.312 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Coosa Valley Youth Services PREA Policy revised 08/2022
- 2023 Robert E. Lewis Residential Treatment Academy Staffing Plan
- 2025 Robert E. Lewis Residential Treatment Academy Staffing Plan
- Unannounced Rounds
- Interview with superintendent
- Interview with PREA coordinator
- Interview with PREA compliance manager
- Interview with intermediate or higher-level facility staff

Evidence (corrective action):

- Staffing Plan Assessment Plan of Action Statement (12/02/2025)

Reasoning and analysis (by provision):
115.313 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

- Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 24
- Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 24

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

Review of staffing plan:
The auditor reviewed the Robert E. Lewis Residential Treatment Academy Staffing Plan and observed the plan is inclusive of the standard provision requirements. The evidence shows the facility 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. The staffing plan is well documented and provides for adequate levels of staffing.

What was heard, as part of a systematic review of evidence:
Interviews with superintendent/PREA compliance manager:
The program manager stated the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When

assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Documentation of deviations from staffing plan:
There were no deviations reported.

What was heard, as part of a systematic review of evidence:
Interviews with superintendent:
The program manager stated there have not been circumstances where the facility has been unable to meet the requirements of the staffing plan. If deviations were to occur, documentation would include explanations for non-compliance.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months the facility did not deviate from the staffing ratios of 1:8 security staff during resident waking hours from the staffing ratios of 1:16 security

staff during resident sleeping hours.

What was heard, as part of a systematic review of evidence:
Interviews with superintendent:
The program manager stated the ratios are I:8 during waking hours and I:16 during sleeping hours.

What was observed as part of a systematic review of evidence:
Site review:
During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

- 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.

Annual staffing plan reviews:
The auditor reviewed the 2023 and 2025 Robert E. Lewis Residential Treatment Academy Staffing Plans and observed that the evaluations include the required provisions of PREA Standard §115.313. There was no staffing plan evaluation conducted in 2024. Through corrective action, the agency provided a written Plan of Action, dated December 2, 2025, confirming that staffing plan assessments will be conducted annually going forward.

What was heard, as part of a systematic review of evidence:
Interviews with PREA coordinator:
The PREA coordinator stated they are consulted regarding any assessments of, or adjustments to, the staffing plan.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.
The agency provided a written Plan of Action, dated December 2, 2025, confirming that staffing plan assessments will be conducted annually

	going forward. **Reasoning and analysis (by provision):** **115.313 (e)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds. Coosa Valley Youth Services PREA Policy (page 5): CVYS requires that intermediate-level (Supervisors) and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds cover all shifts and all areas of the facility. Staff members are prohibited from alerting other staff of such rounds. All such rounds are logged into the program shift report and and/or a log maintained by the Program Manager. Review of documented unannounced rounds: The auditor reviewed documented unannounced rounds for the audit period and observed they occur regularly on all shifts. **What was heard, as part of a systematic review of evidence:** Interviews with intermediate or higher-level facility staff (program manager): The program manager stated they conduct unannounced rounds, the rounds are documented, and they stated they do not inform staff they are conducting unannounced rounds. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022

- Interviews with random sample of staff
- Interviews with random sample of residents

Reasoning and analysis (by provision):
115.315 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months there were no cross-gender strip or cross-gender visual body cavity searches of residents: 0

Coosa Valley Youth Services Policy 3A-13 (page 1):
A strip search will be performed any time a juvenile comes out of visitation, and any time a juvenile returns from a trip outside the facility. A strip search of a juvenile shall be conducted by a staff member of the same gender as the juvenile being searched. A strip search shall be performed in an area and manner which ensures the privacy and dignity of the individual. Strip searches shall be performed visually with no physical contact between the staff and the youth.

What was observed as part of a systematic review of evidence:
Robert E. Lewis Residential Treatment Academy does not conduct strip searches or visual body cavity searches of residents.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.315 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months there were no cross-gender pat-down searches of residents.

Coosa Valley Youth Services Policy 3A-13 (page 1):
A frisk search is used only when a youth has not been searched by the admitting official prior to being admitted. The frisk search should be conducted in the presence of the admitting official. The juvenile should not be touched any more than is necessary to conduct a comprehensive search. A frisk search shall be conducted by a staff member of the same gender as the youth being searched.

Review of logs of cross-gender pat down searches of residents to identify documentation of exigent circumstances:

	The auditor observed no documented cross-gender searches. **What was heard, as part of a systematic review of evidence:** Interviews with 10 random residents: All 10 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body. Interviews with eight random staff: All eight staff interviewed stated they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than an emergency. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.315 (c)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. Review of documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents: The auditor observed no documented cross-gender searches. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.315 (d)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. Coosa Valley Youth Services PREA Policy (page 7): With the exception of medical examinations or urine drug screens, staff will not view

	youth when the youth is showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine safety checks or suicide/ self-harm watch. **What was heard, as part of a systematic review of evidence:** Interviews with 10 random residents: • All 10 residents interviewed stated staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. • All 10 residents interviewed stated they are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with eight random staff: • All eight staff interviewed stated they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender (from themselves). • All eight staff interviewed stated residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. **What was observed as part of a systematic review of evidence:** Site review: The auditor observed residents shower and change clothing in a shower stall with a shower curtain for privacy. The auditor was not given an opportunity to observe cross-gender announcements. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.315 (e) N/A** **Reasoning and analysis (by provision):** **115.315 (f) N/A**

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Coosa Valley Youth Services Youth Rulebook (English and Spanish)
- Coosa Valley Youth Services Youth PREA Handout (English and Spanish)
- “Break the Silence” Poster (English and Spanish)
- “2nd Chance” Poster (English and Spanish)
- Memorandum from Jacksonville State University International House and Programs (foreign language interpreter services)
- Systems Test: Access to Interpreter (Jacksonville State University)
- Interview with agency head
- Interviews with random sample of staff
- Interviews with residents (with disabilities or who are limited English proficient)

Evidence (Corrective Action):

- “No Means No” Poster (English and Spanish) (11/06/2025)

Reasoning and analysis (by provision):
115.316 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

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

What was observed as part of a systematic review of evidence:
Site review discussions and observations:
The facility has procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The procedures include providing services to residents who: are deaf or hard of hearing; are blind or have low vision; have intellectual disabilities; have psychiatric disabilities; have sensory disabilities; or have physical disabilities.

The auditor observed that PREA orientation is conducted individually with each resident. Residents with low vision, intellectual disabilities, psychiatric disabilities, or limited reading skills receive the information verbally in a manner that promotes comprehension. Staff also ensure that residents with speech disabilities are able to demonstrate their understanding of the PREA material. Special education teachers are available, as needed, to provide additional support and accommodations.

What was heard, as part of a systematic review of evidence:
Interview with agency head:
The executive director stated the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Interviews with residents (with disabilities or who are limited English proficient):
One resident was identified as having a learning disability during the onsite phase of the audit. The resident stated they did not require any assistance understating the PREA information.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.316 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Coosa Valley Youth Services PREA Policy (page 7):
See 115.316 (a).

What was heard, as part of a systematic review of evidence:
Interviews with residents who are limited English proficient:
No residents were identified as limited English proficient during the onsite phase of the audit.

What was observed as part of a systematic review of evidence:
Systems test of interpreter services:
Coosa Valley Youth Services provides interpreter services through an agreement with the Jacksonville State University International House and Programs. The auditor successfully tested the facility's ability to provide an interpreter through the assistance of the assistant director.

Site review:

	The auditor further observed the Youth Rulebook, Youth PREA Handout, and “Break the Silence” poster were available in both English and Spanish. The auditor also observed that, through corrective action, the facility developed additional PREA educational materials, including the “No Means No” poster (11/06/2025), the PREA Resources Handout (10/20/2025), and the PREA Hotline Reporting Instructions poster (11/06/2025). These materials were produced in both English and Spanish, and the PREA Hotline Reporting Instructions poster is posted next to the resident telephones. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **See 115.315 (b). Site review.** **Reasoning and analysis (by provision):** **115.316 (c)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations: 0 Coosa Valley Youth Services PREA Policy (page 7): Youth who are limited English proficient (LEP), deaf or disabled are able to report sexual abuse to staff directly or through non-youth interpreters. **What was heard, as part of a systematic review of evidence:** Interviews with eight random staff: No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services PREA Employment/Appraisal Questionnaire • Criminal background records checks • Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearance examples • Coosa Valley Youth Services Applicant Reference form • Interview with administrative (human resources) staff **Reasoning and analysis (by provision):** **115.317 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: • 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); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Review of files of persons hired or promoted in the past 12 months to determine whether questions regarding past conduct were asked and answered: The auditor reviewed the PREA Employment/Appraisal Questionnaires for the staff interviewed and observed the facility asks the three required PREA questions regarding previous misconduct at the time of hire. **What was heard, as part of a systematic review of evidence:** Interview with administrative (human resources) staff: The human resources staff stated the facility asks all applicants and employees about previous misconduct when hiring new employees.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated 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 the residents.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

- The number of persons hired who may have contact with residents who have had criminal background record checks: 7
- The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

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

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

Review of files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c):
The auditor reviewed the initial criminal background records checks for the staff interviewed and found that they were completed in accordance with the requirements of the standard.

The auditor reviewed the Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearances for the interviewed staff and observed that these checks were conducted consistent with standard provisions.

The auditor reviewed the Coosa Valley Youth Services Applicant Reference Form and observed that it contains questions consistent with the standard requirements. The auditor reviewed one Coosa Valley Youth Services Applicant Reference Form and observed the facility would contact prior institutional employers to obtain information regarding substantiated allegations of sexual abuse or resignations during a pending investigation of an allegation of sexual abuse.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the agency performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. They also confirmed the facility consults with the Alabama Department of Human Resources Child Abuse and Neglect Central Registry.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

- The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0

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

Coosa Valley Youth Services PREA Policy (page 8):
See 115.317 (c).

Records of background checks of contractors who might have contact with residents:
The auditor reviewed the criminal background records check for the contracted nurse and observed it was completed in accordance with the standard provision requirements.

The auditor reviewed the Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearance for the nurse and observed it was completed according to the standard provision requirements.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions. Additionally, the facility consults with the Alabama Department of Human Resources Child Abuse and Neglect Central Registry.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (e)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

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

Review of documentation of background records checks of current employees and contractors at five year intervals when applicable:
The auditor reviewed the criminal background records checks for the staff interviewed and observed they are conducted at least every five years.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the agency conducts criminal background records every five years for current employees and contractors who may have contact with residents.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (f)
What was read, as part of a systematic review of evidence:
Review of employee records:
The auditor reviewed PREA Employment/Appraisal Questionnaires for the staff interviewed and observed the facility asks all applicants and employees who may have contact with residents about prior misconduct during the hiring and promotion process, as well as through written self-evaluations and interviews conducted for current employees.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (g)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (h)
What was read, as part of a systematic review of evidence:
Coosa Valley Youth Services PREA Policy (pages 8-9):
Unless prohibited by law, CVYS will provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied for work.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former

	employee upon receiving a request from an institutional employer for whom such employee has applied to work. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • 2024 Annual Report • Interview with agency head • Interview with superintendent • Site Review **Reasoning and analysis (by provision):** **115.318 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. Coosa Valley Youth Services PREA Policy (page 9): When the agency designs or acquires any new facility and in planning any substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse. The Agency-wide PREA Coordinator will serve on the agency primary planning committee for these purposes. **What was heard, as part of a systematic review of evidence:** Interviews with the agency head and superintendent: The executive director and program manager both stated the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.318 (b)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Coosa Valley Youth Services PREA Policy (page 9): See 115.318 (a). **What was heard, as part of a systematic review of evidence:** Interviews with the agency head and superintendent: The executive director and program manager both stated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Review of updates to monitoring technology: The auditor reviewed the 2024 Annual Report and observed that additional cameras were installed in all areas accessible to residents to enhance supervision and safety. **What was observed as part of a systematic review of evidence:** Site review: The auditor observed the video monitoring system updates. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • National Protocol for Sexual Assault Medical Forensic Examinations dated 09/2024

- Memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. dated November 20, 2018
- Memorandum Of understanding between Coosa Valley Youth Services and Anniston Police Department dated 09/20/2016
- Interview with PREA coordinator
- Interviews with a random sample of staff
- Interviews with residents who reported a sexual abuse

Evidence (corrective action):

- Updated Memorandum of Understanding between Coosa Valley Youth Services and Anniston Police Department dated 12/02/2025

Reasoning and analysis (by provision):
115.321 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). If another agency has responsibility for conducting either administrative or criminal investigations, the responsible agency is the Anniston Police Department. When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol.

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

Review of memorandum of understanding between Coosa Valley Youth Services and Anniston Police Department dated 09/20/2016:
The auditor reviewed the memorandum of understanding and observed the Anniston Police Department is the law enforcement agency who would investigate any substantiated allegations of sexual abuse or sexual assault.

Review of uniform evidence protocol:
The auditor reviewed the National Protocol for Sexual Assault Medical Forensic Examinations dated 09/2024 and observed investigators follow a uniform evidence protocol.

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
Staff interviewed stated they are knowledgeable of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They also stated that the B Anniston Police Department is responsible for conducting sexual

abuse investigations.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Review of uniform evidence protocol:
The auditor reviewed the National Protocol for Sexual Assault Medical Forensic Examinations dated 09/2024 and observed the protocol is developmentally appropriate for youth.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

- 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: N/A
- The number of exams performed by a qualified medical practitioner during the past 12 months: N/A

Coosa Valley Youth Services PREA Policy (pages 9-10):
Any youths reported or believed to have been sexually assaulted shall be immediately referred to the agency nurse for evaluation to determine the need for

emergency care. The youth shall be sent to the hospital for further examination, treatment, and collection of forensic evidence in accordance with CVYS Emergency Medical Care policies.

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

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Coosa Valley Youth Services PREA Policy (page 10):
CVYS will enter into agreements or memoranda of understanding (MOU) with community service providers that are able to provide youth with access to outside victim advocates for emotional support services related to sexual abuse. CVYS will maintain copies of agreements. Reasonable communication between youth and these organizations will be enabled in as confidential a manner as possible.

Review of memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. dated November 20, 2018:
The auditor reviewed the memorandum of agreement and observed the letter makes a victim advocate available to a victim of sexual abuse.

What was heard, as part of a systematic review of evidence:
Interview with PREA compliance manager:
The PREA compliance manage stated the facility makes a qualified victim advocate available from 2nd Chance.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (e)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

What was heard, as part of a systematic review of evidence:
Interview with PREA compliance manager:
The PREA compliance manager stated if requested by the victim, a victim advocate from 2nd Chance will accompany a victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

Interviews with residents who reported a sexual abuse:
See 115.321 (d).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (f)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Review of documentation of the request regarding requirements of §115.321(a) through (e) with outside investigating agency:

The auditor reviewed the memorandum of understanding between Coosa Valley Youth Services and the Anniston Police Department dated September 20, 2016, and observed that the document does not include the standard provision requirements.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

Through corrective action, the facility developed a new Memorandum of Understanding (MOU) with the Anniston Police Department, dated December 2, 2025 to ensure compliance with the requirements of §115.321(a)–(e) of the PREA standards.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Memorandum of understanding between Coosa Valley Youth Services and the Anniston Police Department dated 09/20/2016 • Interview with agency head **Reasoning and analysis (by provision):** **115.322 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: • The number of allegations of sexual abuse and sexual harassment that were received: 0 • The number of allegations resulting in an administrative investigation: N/A • The number of allegations referred for criminal investigation: N/A Coosa Valley Youth Services PREA Policy (page 10): CVYS will investigate all allegations of sexual abuse and sexual harassment on CVYS property or in CVYS programs, including third-party and anonymous reports. All substantiated reports of sexual abuse will be reported for outside investigation. Review of memorandum of understanding between Coosa Valley Youth Services and Anniston Police Department dated 09/20/2016: The auditor reviewed the memorandum of understanding and observed the Anniston Police Department is the law enforcement agency who would investigate any substantiated allegations of sexual abuse or sexual assault. Review of documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings: There are no reported allegations of sexual abuse and harassment. **What was heard, as part of a systematic review of evidence:** Interview with agency head: The executive director stated the agency ensures that an administrative or criminal

	investigation is completed for all allegations of sexual abuse or sexual harassment. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.322 (b)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Coosa Valley Youth Services PREA Policy (page 10): CVYS Reporting of Child Abuse policy, PREA policy, and MOU with Anniston Police Department ensures that substantiated allegations of sexual abuse are referred for investigation. Review of policy published on the agency's website: Robert E. Lewis Residential Treatment Academy has the investigation policy published on the agency's website at https: http://www.cvys.net/PREA.html. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.322 (c)** **What was read, as part of a systematic review of evidence:** Review of policy published on the agency's website: The publication states substantiated allegations of sexual abuse are investigated by the Anniston Police Department. Review of documentation of referrals of allegations of sexual abuse and sexual harassment: See 115.322 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services PREA Training Matrix • PREA Employee Training Modules • PREA Training Rosters • Coosa Valley Youth Services PREA Acknowledgement Statements • Interviews with random sample of staff **Reasoning and analysis (by provision):** **115.331 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency trains all employees who may have contact with residents on the eleven required topics. Coosa Valley Youth Services PREA Policy (page 10): All staff must be able to fulfill his/her responsibilities under this policy. Staff must complete the PREA training modules assigned to their current position as outlined in (Attachment C) of this policy PREA Training. Staff must complete training annually. Review of training materials: The auditor reviewed the Staff PREA Training Modules and observed the curriculum includes the 10 required training topics. Review of staff training records: The auditor reviewed PREA training rosters and PREA acknowledgment statements for the interviewed staff and additional staff, and observed that they receive training annually. **What was heard, as part of a systematic review of evidence:** Interviews with eight random staff: All eight staff interviewed stated they receive training annually. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.331 (b)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Training is tailored to the unique needs and attributes and gender of the residents at

	the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.331 (c)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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 Coosa Valley Youth Services PREA Policy (pages 10-11): All staff must be able to fulfill his/her responsibilities under this policy. Staff must complete the PREA training modules assigned to their current position as outlined in (Attachment C) of this policy PREA Training. Staff must complete training annually. In addition to training, the PREA Compliance Manager will ensure that key information is continuously and readily available and/or visible to all staff through posters and PREA compliance discussions, reminders, and staff meetings. Review of staff training records: See 115.331 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.331 (d)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Review of staff training records: See 115.331 (a). Training is documented with staff signature. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services PREA Training Matrix • Coosa Valley Youth Services Contractor List • Coosa Valley Youth Services PREA Acknowledgement Statements • Interviews with volunteers or contractors who have contact with residents **Reasoning and analysis (by provision):** **115.332 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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: 7 Coosa Valley Youth Services PREA Policy (page 11): Volunteers/Interns/Contractor Training: CVYS shall ensure that all volunteers/interns/ contractors who have contact with youths have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Review of training records of volunteers and contractors: The auditor reviewed PREA Acknowledgement Statements and observed the training was received by the contractors and volunteers. **What was heard, as part of a systematic review of evidence:** Interviews with volunteers or contractors who have contact with residents: The auditor interviewed one contracted nurse. The nurse stated they have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The auditor interviewed two volunteers. Both volunteers stated they have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.332 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Coosa Valley Youth Services PREA Policy (page 11):
The level and type of training provided to volunteers/interns/contractors is based upon the services they provide and level of contact they have with the youth. Interns/Volunteers/Contractors who provide unsupervised services to youth will receive training at the same level and method as required by staff. Volunteers/ Interns/Contractors who provide services under direct supervision will be required to watch a training video to familiarize themselves with PREA requirements. All volunteers/interns/contractors will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and informed on how to report sexual abuse via an acknowledgment statement (Attachment A).

Review of training records of volunteers and contractors:
See 115.332 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.332 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Coosa Valley Youth Services PREA Policy (page 11):
The PREA Compliance Manager shall maintain documentation confirming the volunteers/interns/contractors understand the zero-tolerance policy training they received.

Review of training records of volunteers and contractors:
See 115.332 (a).

Finding:

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Resident PREA Video • Coosa Valley Youth Services Youth Rulebook (English and Spanish) • Coosa Valley Youth Services Youth PREA Handout (English and Spanish) • “Break the Silence” Poster (English and Spanish) • “2nd Chance” Poster (English and Spanish) • Memorandum from Jacksonville State University International House and Programs (foreign language interpreter services) • Systems Test: Access to Interpreter (Jacksonville State University) • Juvenile PREA Intake Orientation Checklist • Youth PREA Acknowledgment Statements • Interview with agency head • Interviews with random sample of staff • Interviews with residents (with disabilities or who are limited English proficient) **Evidence (Corrective Action):** • Memorandum regarding new PREA informational posters and intake materials (10/20/2025) • PREA Resources for reporting and victim support services (English and Spanish) (11/06/2025) • “No Means No” Poster (English and Spanish) (11/06/2025) • PREA Hotline Reporting Instructions poster (English and Spanish) (11/06/2025) **Reasoning and analysis (by provision):** **115.333 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Residents receive information at time of intake about the zero-tolerance policy and

how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 104

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

Review of intake records of residents:
The auditor reviewed 10 Youth PREA Acknowledgment Statements for residents interviewed, and additional historical documents selected by the facility. The forms indicate all of the residents interviewed received the information at intake. The facility indicated that participation in intake was not being documented.

What was observed as part of a systematic review of evidence:
Process Observation:
Staff demonstrated the intake process. Residents sign the Youth PREA Acknowledgment Statement to document that they received the required PREA information. Residents are also provided a copy of the Youth PREA Handout during intake. The handout includes information about the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as instructions on how to report incidents or suspicions.

Residents additionally watch the Resident PREA Video during intake. The video includes information on:
• Zero tolerance
• Resident rights
• Definitions
• Red flags
• Coercive tactics used by abusers
• Rape crisis services
• Free medical care and counseling
• Reporting methods

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.333 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire

indicated:
Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 104

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

Review of education materials:
Refer to 115.333 (a). Process Observation

Through corrective action, the facility added information to the resident intake process to include detailed internal and external reporting procedures, as well as information about victim support services available through 2nd Chance. This information is provided to residents on the PREA Resources Handout dated October 20, 2025.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
All 10 residents interviewed stated they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education upon admission to the facility, during intake.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The facility implemented the PREA Resources Handout (10/20/2025).

Reasoning and analysis (by provision):
115.333 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
All residents were educated within 10 days of intake.

What was heard, as part of a systematic review of evidence:
Interview with intake staff:
The intake staff stated residents have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.333 (d)

What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

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

What was observed as part of a systematic review of evidence:
Site review:
The facility has procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The procedures include providing services to residents who: are deaf or hard of hearing; are blind or have low vision; have intellectual disabilities; have psychiatric disabilities; have sensory disabilities; or have physical disabilities.

The auditor observed that PREA orientation is conducted individually with each resident. Residents with low vision, intellectual disabilities, psychiatric disabilities, or limited reading skills receive the information verbally in a manner that promotes comprehension. Staff also ensure that residents with speech disabilities are able to demonstrate their understanding of the PREA material. Special education teachers are available, as needed, to provide additional support and accommodations.

The auditor further observed that the facility has access to interpreter services through an agreement with the Jacksonville State University International House and Programs. The Youth Rulebook, Youth PREA Handout, and "Break the Silence" poster were available in both English and Spanish.

The auditor also observed that, through corrective action, the facility developed additional PREA educational materials, including the "No Means No" poster (11/06/2025), the PREA Resources Handout (10/20/2025), and the PREA Hotline Reporting Instructions poster (11/06/2025). These materials were produced in both English and Spanish, and the PREA Hotline Reporting Instructions poster is posted next to the resident telephones.

Systems test of interpreter services:
Coosa Valley Youth Services provides interpreter services through an agreement with the Jacksonville State University International House and Programs. The auditor successfully tested the facility's ability to provide an interpreter through the assistance of the assistant director.

Finding:
Based on this analysis, the facility is substantially compliant with this

provision and corrective action is completed.

See 115.333 (d). Site review.

Reasoning and analysis (by provision):
115.333 (e)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains documentation of resident participation in PREA education sessions.

Coosa Valley Youth Services PREA Policy (pages 11-12):
Within 72 hours of intake, the youth will sign the Youth PREA Acknowledgment Statement (Attachment B). The signed statement will be placed in the youth's permanent file. A copy will be given to the PREA Compliance Manager for compliance verification.

Staff will log each youth's participation in these classes onto the shift report.

Review of documentation of resident participation in education sessions:
The auditor reviewed resident participation in intake education is documented with the Juvenile PREA Intake Orientation Checklist and the Youth PREA Acknowledgment Statement.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.333 (f)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

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

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed that residents are provided the Youth PREA Handout in both English and Spanish. The handout includes information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as instructions for reporting incidents or suspicions.

	The auditor further observed “No Means No” posters, “Break the Silence” posters, and “2nd Chance” posters displayed throughout the facility. All materials were consistent, available in English and Spanish, accessible to residents, and posted in close proximity to the telephones. **See 115.333 (d). Site review.** **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services PREA Training Matrix • PREA Employee Training Modules • Coosa Valley Youth Services Staff Development Training Reports • Interview with investigative staff (internal administrative investigations) **Documents (Corrective action):** • National Institute of Corrections’ Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course Certificates (09/2025) **Reasoning and analysis (by provision):** **115.334 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Coosa Valley Youth Services PREA Policy (page 12): The Executive Director, Assistant Director, and Program Managers will receive specialized training as required by PREA standards. Review of training records/logs of investigative staff:

	The auditor reviewed annual training required by § 115.331, documented with the Staff Development Training Reports. The training was completed by the executive director, assistant director, and three program managers. **What was heard, as part of a systematic review of evidence:** Interview with administrative investigative staff (assistant director): The assistant director stated they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. They stated they received the training required by §115.331 and completed the specialized training topics. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.334 (b)** **What was read, as part of a systematic review of evidence:** Coosa Valley Youth Services PREA Policy (page 12): Specialized training includes case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. Review of training records/logs of investigative staff: The auditor reviewed the specialized training topics documented in the Staff Development Training Reports. This training was completed by the executive director, assistant director, and three program managers. Additionally, through corrective action, the investigators completed the National Institute of Corrections' Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting course. The auditor observed that the certificates were completed in September 2025. **What was heard, as part of a systematic review of evidence:** Interview with administrative investigative staff (assistant director): See 115.334 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **See 115.334 (a).** **Reasoning and analysis (by provision):**

115.334 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 5 agency-wide investigators

Coosa Valley Youth Services PREA Policy (page 12):
The agency shall maintain documentation of required training.

Review of training records/logs of investigative staff:
See 115.334 (a) and 115.334 (b).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.335	Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Coosa Valley Youth Services PREA Training Matrix
- PREA Training Curricula Developed by the National Commission on Correctional Health Care
- PREA Training Certificates of Completion
- Interviews with medical staff and mental health staff

Evidence (corrective action):

- PREA Training Certificate of Completion for the doctor (11/24/2025)

Reasoning and analysis (by provision):
115.335 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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: 3
- The percentage of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Coosa Valley Youth Services PREA Policy (page 12):
The agency nurse and all counseling staff will receive specialized training as required by PREA standards and the agency.

Review of training records of medical staff and mental health staff:
The auditor reviewed the staff PREA training curriculum, the PREA training curricula developed by the National Commission on Correctional Health Care, and PREA training certificates of completion and observed nurse and counselor received the specialized training topics regarding sexual abuse and sexual harassment and the topics required by § 115.331. Through corrective action training was completed by the doctor on November 24, 2025.

What was heard, as part of a systematic review of evidence:
Interviews with medical staff and mental health staff:
The nurse and counselor both stated they have received the specialized training topics regarding sexual abuse and sexual harassment.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The doctor competed the specialized training topics regarding sexual abuse and sexual harassment and the topics required by § 115.331. Training documented with a PREA training certificate of completion dated November 24, 2025.

Reasoning and analysis (by provision):
115.335 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency medical staff at the facility do not conduct forensic exams.

What was heard, as part of a systematic review of evidence:
Interviews with medical staff and mental health staff:
The nurse stated forensic medical examinations would be conducted offsite.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.335 (c)

What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Coosa Valley Youth Services PREA Policy (page 12):
All specialized trainings will be documented.

Document review:
See 115.335 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.335 (d)
What was read, as part of a systematic review of evidence:
Document review:
See 115.335 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.
See 115.335 (a).

115.341	Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form
- Interview with PREA coordinator
- Interview with PREA compliance manager
- Interview with staff responsible for risk screening
- Interviews with random sample of residents
- Site review

Reasoning and analysis (by provision):

115.341 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

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

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

In the past 12 months:

- The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 102
- The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

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

Review of records for residents admitted to the facility:

The auditor reviewed 10 completed risk assessments for residents interviewed and observed all 10 risk assessments were completed within 72 hours of their intake. Additionally, the auditor reviewed numerous historical examples selected by the facility and observed the risk assessments were completed within 72 hours of intake.

There were no applicable risk reassessments for residents interviewed and no applicable historical documents for the audit period.

What was observed as part of a systematic review of evidence:
Site review:
The staff responsible for risk screening (juvenile training officer) demonstrated the screening process. The screening process occurs in the staff office, ensuring as much privacy as possible. They confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for

risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents and during intake using the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
All 10 of the residents stated they were asked questions like the following examples at intake:

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

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.341 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Risk assessment is conducted using an objective screening instrument.

Screening instrument:
The auditor reviewed the screening instrument and observed it is objective. There is a set format of objective yes and no questions, review of collateral information, a subjective observation of gender nonconforming appearance, and the scoring system leads to a determination of risk of being vulnerable to victimization, risk of sexually aggressive behavior, or risk of violent aggressive behavior. The risk screening instrument also indicates a single or doble room determination.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.341 (c)
What was read, as part of a systematic review of evidence:
Screening instrument:
The auditor reviewed the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form and observed the risk assessment tool includes all criteria required by the standard provision. The presence of each required risk factor was assessed as such:

The auditor reviewed the Vulnerability Assessment Instrument. The risk screening

instrument contains the 11 criteria required by this provision for assessing risk of sexual victimization. The presence of each required risk factor was assessed as such:

1. Prior sexual victimization or abusiveness - Asked in question 5b. “Have you ever had a sexual experience that you did not want to have?” Also, asked in question 6b. “Have you ever engaged in behavior that you would consider sexually aggressive?
2. Current charges and offense history - Asked in question 6. “Offense Type: Have you ever been arrested on a sexual offense”
3. Age – Asked in question 1. “Age of youth (16 to 20 years, 13 to 15 years, 11 to 12 years, or 10 years?”
4. Level of emotional and cognitive development – Asked in Question 3. Social Skills: How do you feel being in a facility with so many other juvenile justice youths?, Do you feel you get along well with other people?, Do you find it easy to make friends?, and Do you feel OK about being in groups of people you don’t know well?”
5. Physical size and stature – Asked in question 9. “Look for features of the youth’s physical appearance such as: Small build?”
6. Mental illness or mental disabilities – Asked in question 9. “Look for features of the youth’s physical appearance such as: Behaviors that appear related to mental illness (e.g., jittery, crying, bizarre)”
7. Intellectual or developmental disabilities – Asked in question 8. “Intellectual impairment” Also, asked in question 9. “Look for features of the youth’s physical appearance such as: Looks younger than stated age?”
8. Physical disabilities - Also, asked in question 9. “Look for features of the youth’s physical appearance such as: Physical disability?”
9. The resident’s own perception of vulnerability - Asked in question 4. “Perception of Risk: Do you feel at risk from attack or abuse from other youths?”
10. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Additional criteria asked includes, “Experience in Institution: Ask: Have you been in a locked juvenile facility?” and “History of Victimization: Have you ever been attacked, bullied or abused by people your own age (peers)?”

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.341 (d)
What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening (juvenile training officer):

	The juvenile training officer stated the information is ascertained through conversations with the residents using the Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.341 (e)** **What was heard, as part of a systematic review of evidence:** Interview with the PREA coordinator: The PREA coordinator stated the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The resident's risk assessment is placed in the youth's folder after being reviewed by the PREA compliance manager and counselor. If an safety management plan (SMP) is created for PREA or any safety or security purposes, then the SMP is shared with the supervisory staff to ensure that it is followed appropriately. Interview with the PREA compliance manager: The PREA compliance manager stated that the agency has clearly outlined who may access a resident's risk assessment in order to protect sensitive information from exploitation. Access is limited to staff with a direct need-to-know, which typically includes mental health personnel, case management staff, and PREA compliance personnel. Interview with staff responsible for risk screening (juvenile training officer): The juvenile training officer stated that the agency limits access to a resident's risk assessment to protect sensitive information from exploitation. The risk assessment is accessible only to the counselor and program manager and is maintained in a locked cabinet in the administrative assistant's office. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit

Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form
- Interview with superintendent
- Interview with PREA coordinator
- Interview with PREA compliance manager
- Interview with staff responsible for risk screening
- Interview with staff who supervise residents in isolation
- Interview with medical staff
- Interview with mental health staff
- Interviews with residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse
- Site review

Evidence (corrective action):

- Placement of Residents in Housing, Bed, Program, Education, And Work Assignments form (11/04/2025)

Reasoning and analysis (by provision):
115.342 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Coosa Valley Youth Services PREA Policy (page 14):
Youth will be housed based upon his/her assessment/screening conducted at the time of intake or admission to the facility. Housing assignments will not be based solely on a youth's sexual orientation or gender identity. Housing, program, and education assignments are based on information obtained from assessments/ screenings. CVYS makes individualized determinations about how to ensure the safety of each youth.

Review of housing, bed, work, education, and program assignments decisions:
Through corrective action, Coosa Valley Youth Services implemented the Placement of Residents in Housing, Bed, Program, Education, and Work Assignments form into the victimization assessment process on November 4, 2025. The PREA Coordinator reported that all intake and screening staff have been trained on the proper administration of the updated form. Additionally, documentation procedures were revised to ensure consistent application and accurate data collection across all assessments.

Review of risk-based housing decisions:

See 115.341 (a). Review of housing, bed, work, education, and program assignments decisions.

What was heard, as part of a systematic review of evidence:
Interview with PREA compliance manager:
The PREA compliance manager discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. Information from the risk screening tool is used to make individualized housing, program, and supervision decisions. Residents at risk of victimization or abuse are closely monitored, and when necessary, placed in specialized housing to ensure safety.

Interview with staff responsible for risk screening (juvenile training officer):
The juvenile training officer explained that the facility uses information obtained from the risk screening during intake to inform housing and bed assignments and to ensure residents are kept safe and protected from sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.342 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

- The number of residents at risk of sexual victimization who were placed in isolation: 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: 0
- The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Coosa Valley Youth Services PREA Policy (page 14):
Youths at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. If

placement in isolation for these reasons occurs, a report must be written by the staff making the decision to place the youth in isolation. Such report must outline the basis for the facility's concern for the resident's safety, and the reason(s) why alternative methods of separation cannot be arranged.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The program manager stated the Robert E. Lewis Residential Treatment Academy has not used isolation for residents at risk of sexual victimization. Residents are only isolated from others 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.

Interview with medical and mental health staff:
The nurse and counselor both stated residents at risk of sexual victimization would not be placed in isolation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.342 (c) N/A

Reasoning and analysis (by provision):
115.342 (d) N/A

Reasoning and analysis (by provision):
115.342 (e) N/A

Reasoning and analysis (by provision):
115.342 (f) N/A

Reasoning and analysis (by provision):
115.342 (g) N/A

Reasoning and analysis (by provision):
115.342 (h)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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: N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.342 (i)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. No residents at risk of sexual victimization were held in isolation in the past 12 months. Robert E. Lewis Residential Treatment Academy has not used isolation for residents at risk of sexual victimization. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services Youth Rulebook (English and Spanish) • Coosa Valley Youth Services Youth PREA Handout (English and Spanish) • “Break the Silence” Poster (English and Spanish) • “No Means No” Poster (English and Spanish) • Grievance form • Interview with PREA compliance manager • Interviews with random sample of staff • Interviews with random sample of residents • Interviews with residents who reported a sexual abuse • Systems tests • Site review **Evidence (Corrective Action):**

- Memorandum regarding new PREA informational posters and intake materials (10/20/2025)
- PREA Resources for reporting and victim support services (English and Spanish) (11/06/2025)
- “No Means No” Poster (English and Spanish) (11/06/2025)
- PREA Hotline Reporting Instructions poster (English and Spanish) (11/06/2025)
- Telephone prompts work order (09/24/2024)

Reasoning and analysis (by provision):
115.351 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

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

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

Document review:

The Youth PREA Handout includes the following internal reporting methods:

- Report to any staff member
- Notify the PREA Coordinator at (256) 237-2881 ext. 103
- Grievance

The “Break the Silence” poster includes the following internal reporting methods:

- Notify any staff person, volunteer, or contractor
- Grievance
- Having a family member report on your behalf by calling CVYS at (256) 237-2881 ext. 103

Through corrective action, the agency developed and finalized the “No Means No” poster (11/06/2025). The poster includes the following internal reporting methods:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (256) 237-2881 ext. 103 or writing PO. Box 4519 Anniston, AL 36204.
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Through corrective action, the agency developed the “PREA Resources” handout (10/20/2025). The handout includes the same internal reporting methods as the “No Means No” poster.

Through corrective action, the agency developed the “PREA Hotline Reporting Instructions” poster (11/06/2025) and posted it next to the resident telephones. The poster provides updated guidance and includes a revised prompt directing residents to press “3” to report internally to the agency’s hotline.

What was heard, as part of a systematic review of evidence:
Interviews with eight random staff:
Staff stated that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff, or staff neglect or violation of responsibilities by calling the Alabama Department of Youth Services Sexual Assault Hotline, submitting a grievance, or reporting to trusted staff.

Interviews with 10 random residents:
Residents stated they would report sexual abuse or sexual harassment involving themselves or another resident by notifying staff, calling or mailing a letter to the Alabama Department of Youth Services Sexual Assault Hotline, submitting a grievance, or reporting the allegation to a supervisor, program manager, or other trusted staff member.

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed signage is readable and accessible, consistent, and placed throughout the facility. The signage is provided in English and Spanish. See document review.

Systems test:
The auditor tested internal reporting by submitting a test grievance in a locked

grievance box. The auditor received a response to the test grievance the same day.

Additionally, the auditor tested internal reporting by calling the agency reporting hotline. The test call did not successfully reach the number provided. This was corrected through corrective action. Telephones were reprogrammed to enable internal, reporting to the agency hotline (09/24/2025)

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **The agency finalized the “No Means No” poster (11/06/2025).**
- **The agency developed the “PREA Hotline Reporting Instructions” poster (11/06/2025)**
- **The agency developed the “PREA Resources” handout (10/20/2025).**
- **The agency provided a telephone prompts work order (09/24/2024) detailing the changes made to the telephone system to enable reporting.**

Reasoning and analysis (by provision):
115.351 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

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

Document review:
The Youth PREA Handout includes the following external reporting method:
Call Alabama Department of Youth Services hotline at 1-855-332-1594

Through corrective action, the facility developed the “No Means No” poster (11/06/2025). The poster includes the following external reporting methods:

Call Department of Youth Services at (855) 332-1594 for external reporting. If you wish to remain anonymous there is no need to state your name.
Send a letter to Department of Youth Services: P.O BOX 66 Mt Meigs, AL 36057

Through corrective action, the facility developed the “PREA Resources” handout (10/20/2025). The handout includes the same external reporting methods as the “No Means No” poster.

Through corrective action, the facility developed the “PREA Hotline Reporting Instructions” poster (11/06/2025) and posted it next to the resident telephones. The poster provides updated guidance and includes a revised prompt directing residents

to press “4” to report externally to the Alabama Department of Youth Services Sexual Assault Hotline. The poster informs residents they may report anonymously or request staff assistance to make the call.

What was heard, as part of a systematic review of evidence:
Interview with PREA compliance manager:
The PREA compliance manager identified the Alabama Department of Youth Services Sexual Assault Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency.

Interviews with 10 random residents:
See 115.351 (a).

What was observed as part of a systematic review of evidence:
Site review:
See 115.351 (a).

The auditor observed signage is readable and accessible, consistent, and placed throughout the facility. The signage is provided in English and Spanish. See document review.

Systems test:
The auditor successfully tested external reporting by calling the Alabama Department of Youth Services Sexual Assault Hotline from a program manager’s telephone. The Alabama Department of Youth Services PREA coordinator forwarded the report to the director the same day. Through corrective action, the agency reprogrammed the telephones to allow for anonymous calls through the resident telephones. See document review.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **The agency finalized the “No Means No” poster (11/06/2025).**
- **The agency developed the “PREA Hotline Reporting Instructions” poster (11/06/2025)**
- **The agency developed the “PREA Resources” handout (10/20/2025).**
- **The agency provided a telephone prompts work order (09/24/2024) detailing the changes made to the telephone system to enable reporting.**

Reasoning and analysis (by provision):
115.351 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

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

What was heard, as part of a systematic review of evidence:
Interviews with eight random staff:
All of the staff stated verbal reports would be documented immediately.

Interviews with 10 random residents:
All 10 residents interviewed stated they could make reports of sexual abuse or sexual harassment either in person or in writing and someone could make the report for them so that they would not have to give their name.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.351 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

What was heard, as part of a systematic review of evidence:
Interview with PREA compliance manager:
The PREA Compliance Manager stated the facility provides residents with grievance forms and writing materials to make written reports of sexual abuse or sexual harassment, retaliation, or staff neglect. Residents may report using grievance tools, locked boxes, verbal reports to staff, third-party reports, or written statements. Writing utensils are readily available, and materials can be provided in multiple languages if needed.

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed the grievance box.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required. **Reasoning and analysis (by provision):** **115.351 (e)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: policy and training **What was heard, as part of a systematic review of evidence:** Interviews with eight random staff: Staff stated they can privately report sexual abuse or sexual harassment by calling the Alabama Department of Youth Services Sexual Assault Hotline, submitting a grievance, requesting a private meeting with facility leadership, reporting to the Department of Human Resources (DHR), or contacting the PREA coordinator. **What was observed as part of a systematic review of evidence:** Site review: The facility developed and finalized the “No Means No” poster (11/06/2025). The poster provides reporting options for staff, including privately reporting to the Alabama Department of Youth Services, contacting the PREA Coordinator or PREA Compliance Manager, or calling the agency’s internal hotline. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Coosa Valley Youth Services Youth Rulebook (English and Spanish) • Grievance form • Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):**

115.352 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Coosa Valley Youth Services PREA Policy (page 15):
CVYS programs will use the grievance process as an administrative procedure to address youth allegations of sexual abuse.

Review of Youth Rulebook:
The auditor reviewed the Youth Rulebook and observed relevant information is provided.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

- Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.
- Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Coosa Valley Youth Services PREA Policy (page 16):
CVYS programs will not impose a time on when a youth may submit a grievance regarding an allegation of sexual abuse.

Review of Youth Rulebook:
See 115.352 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Coosa Valley Youth Services PREA Policy (page 16):
Youth who allege sexual abuse against a CVYS staff member may submit a grievance without submitting it to a staff who is the subject of the complaint. Such grievance will not be referred to a staff member who is the subject of the complaint for handling the complaint.

Review of Youth Rulebook:
See 115.352 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

- The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
- The total time between the discovery of the grievance and the disposition cannot exceed 25 days.
- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0

Coosa Valley Youth Services PREA Policy (page 16):
Coosa Valley Youth Services will provide a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Emergency grievances alleging substantial risk of imminent sexual abuse required that a final agency decision be issued within five (5) days.

Review of grievances that alleged sexual abuse and final decisions:
There were no grievances that were filed that alleged sexual abuse.

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):

115.352 (e)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

- Agency policy and procedure permits 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.
- Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.
- Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.
- The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Review of third-party reports and declination of third-party assistance:
There were no third-party reports.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (f)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

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

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

	Coosa Valley Youth Services PREA Policy (page 16): Youths will be informed on the grievance form that if they feel they are in imminent danger of sexual abuse, they should file an emergency grievance by reporting this verbally or in writing to an on-duty staff member who they trust. If a youth reports a substantial risk of imminent danger of sexual abuse to a staff member, the staff member shall take steps to ensure the immediate safety of the youth (through enhanced staff supervision and/or segregation of the youth and the potential abuser) and thereafter contact the on-call person for the facility and report this. Review of emergency grievances filed: There were no emergency grievances filed. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.352 (g)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: • The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. Coosa Valley Youth Services PREA Policy (page 16): CVYS will not discipline a youth for filing a grievance alleging sexual abuse unless the administration determines that the youth filed the grievance in bad faith. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. dated November 20, 2018
- “2nd Chance” Poster (English and Spanish)
- Interview with superintendent (director)
- Interview with PREA compliance manager
- Interviews with random sample of residents
- Interviews with residents who reported a sexual abuse

Evidence (Corrective Action):

- “No Means No” Poster (English and Spanish) (11/06/2025)
- PREA Resources for reporting and victim support services (English and Spanish) (11/06/2025)
- PREA Hotline Reporting Instructions poster (English and Spanish) (11/06/2025)

Findings (By Provision):
115.353 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

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

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

Document review:
The “2nd Chance” Poster (English and Spanish) includes a telephone number and mailing address for the child advocacy center.

What was heard, as part of a systematic review of evidence:

Interviews with 10 random residents:
Three of the residents interviewed (30%) stated they were knowledgeable of services available outside of the facility for dealing with sexual abuse if they ever need it.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed information for the child advocacy center is in included in the ““2nd Chance” Poster. The posters are located in each living unit and other areas of the facility.

Systems test:
The auditor called 2nd Chance from a facility telephone and confirmed calls could be made, and victim advocates would be available by telephone or mail. Through corrective action the resident telephone were reprogrammed to enable calls to the center.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **To increase resident awareness of external victim advocate services, the agency developed and finalized the “No Means No” poster (11/06/2025) in both English and Spanish. The poster includes the telephone number and mailing address for the Child Advocacy Center.**
- **Additionally, the agency developed the “PREA Hotline Reporting Instructions” poster (11/06/2025) in English and Spanish and posted it next to the resident telephones. The poster provides updated instructions and includes a revised prompt directing residents to press “5” to connect with the Child Advocacy Center for confidential emotional support, advocacy, or counseling.**
- **The agency also developed a new handout titled “PREA Resources for Reporting and Victim Support Services” (English and Spanish), dated 11/06/2025. The handout provides the Child Advocacy Center’s telephone number and mailing address and reiterates the availability of confidential support services.**

Reasoning and analysis (by provision):
115.353 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility informs residents, prior to giving them access to outside support

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

Document review:
The “2nd Chance” Poster (English and Spanish) does not include the required information regarding the extent to which communications will be monitored or the mandatory reporting obligations that apply to disclosures of sexual abuse made to outside victim advocates.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
See 115.353 (a).

Interviews with residents who reported a sexual abuse:
See 115.353 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **The agency developed and finalized the “No Means No” poster (11/06/2025) in both English and Spanish. The poster states that calls to 2nd Chance are confidential and are not monitored by Coosa Valley Youth Services staff. The poster further clarifies that 2nd Chance counselors follow all mandatory reporting requirements.**
- **The agency also developed a new handout titled “PREA Resources for Reporting and Victim Support Services” (English and Spanish), dated 11/06/2025. The handout provides information on confidential reporting options, including that calls to 2nd Chance are confidential, not monitored by Coosa Valley Youth Services staff, and that 2nd Chance counselors follow all mandatory reporting laws.**

Reasoning and analysis (by provision):
115.353 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Coosa Valley Youth Services PREA Policy (page 16):
CVYS has established an agreement with 2nd Chance to provide Crisis Intervention/

Counseling and Advocacy Support Services.

Document review:
The auditor reviewed the memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. and observed the agreement provides residents with emotional support services related to sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.353 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

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

What was heard, as part of a systematic review of evidence:
Interview with superintendent/ PREA compliance manager:
The program manager stated the facility provides residents with reasonable and confidential access to their attorneys or other legal representation through telephone calls and in-person visits. The facility provides residents with reasonable access to parents or legal guardians through telephone calls, mail, and in-person visitation.

Interviews with 10 random residents:

- All 10 of the residents interviewed (100%) stated the facility allows them to see or talk with a lawyer and the facility will allow them to talk with that person privately.
- All 10 of the residents interviewed (100%) stated the facility allows them to see or talk with their parents or someone else.

Interviews with residents who reported a sexual abuse:
See 115.353 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Third-party Reporting Form • Systems test of third-party reporting **Evidence (Corrective Action):** “No Means No” Poster (English and Spanish) (11/06/2025) **Reasoning and analysis (by provision):** **115.354 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Coosa Valley Youth Services PREA Policy (page 16): Third parties can report by: Calling the Assistant Director’s number listed on PREA posters and listed on acknowledgment forms. (Automated access via silver phones) Notifying any staff member or administrator verbally, in writing, or by phone. **What was observed as part of a systematic review of evidence:** Site review: The agency has a third-party reporting form published on its website. Reporters are instructed to call or email the Assistant Director/PREA Coordinator. Additionally, through corrective action, the agency developed and finalized the “No Means No” poster (11/06/2025). The poster includes the following third-party reporting information: • Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (256) 237-2881 ext. 103 or writing PO. Box 4519 Anniston, AL 36204. • You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here. Lastly, the auditor tested the third-party reporting mechanism by following the

	instructions provided. The auditor emailed the Assistant Director and received a same-day response confirming the report had been received. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **The agency developed and finalized the "No Means No" poster (11/06/2025). The poster includes third-party reporting information.**

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Interview with superintendent • Interview with PREA compliance manager • Interviews with a random sample of staff • Interviews with medical and mental health staff **Reasoning and analysis (by provision):** **115.361 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. • Any retaliation against residents or staff who reported such an incident. • Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Coosa Valley Youth Services PREA Policy (page 17): CVYS requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse that occurred in a CVYS facility and/or any retaliation against a youth or staff who reported such an incident. All staff members are required to report sexual abuse and sexual harassment to their designated supervisors and all staff are prohibited from

revealing any information related to a sexual abuse/harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

What was heard, as part of a systematic review of evidence:
Interviews with eight random staff:
All eight staff stated they are required to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

What was heard, as part of a systematic review of evidence:
Interviews with eight random staff:
All eight staff stated they are aware of Alabama laws related to mandatory reporting of sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

What was heard, as part of a systematic review of evidence:
Interviews with eight random staff:
Staff interviewed stated policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (d)
What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The nurse stated they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They stated they are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They stated they have not become aware of such incidents.

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

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (e)
What was read, as part of a systematic review of evidence:
Coosa Valley Youth Services PREA Policy (page 17):
Upon receiving any allegation of sexual abuse, the Executive Director will make follow-up contact with the appropriate agencies or make Mandated Report if not already reported. (Mandated Reporters turn in a copy of report to administration). The Executive Director will also contact the alleged victim's Juvenile Probation Officer, Alabama Department of Youth Services (DYS), and parents/guardians unless officially instructed by the court having jurisdiction over the youth that the parents/ guardians should not be notified.

What was heard, as part of a systematic review of evidence:
Interview with superintendent/PREA compliance manager:
The program manager stated that when the facility receives an allegation of sexual abuse, the report is immediately forwarded to the facility's designated investigator or PREA compliance manager, the agency's central office PREA coordinator, and local child protection services or law enforcement, as applicable. The resident's parent or legal guardian is also notified unless there is a documented reason not to do so, such as termination of parental rights or identified safety concerns. If the resident is a ward of the state or in the custody of a child welfare agency, the allegation is reported to the assigned caseworker or state agency representative instead of the biological parents or guardians. When a juvenile court retains jurisdiction, the resident's legal representative (attorney of record or guardian ad

	litem) is notified within 24 hours, in accordance with agency policy and applicable laws. Allegations are reported immediately, generally within two hours of discovery, and always within the same shift. This includes notifying child protective services, law enforcement, or other mandated agencies, as required by law. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.361 (f)** **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The program manager stated all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported directly to designated facility investigators. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Interview with agency head • Interview with superintendent • Interview with random sample of staff **Reasoning and analysis (by provision):** **115.362 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

	In the past 12 months there were no incidents where the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse. Coosa Valley Youth Services PREA Policy (page 17): Each program will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. CVYS requires staff to take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff. Programs will employ multiple protection measures including housing/wing changes, Special Management Plans, or making transfer arrangements with juvenile courts for youth victims or abusers. **What was heard, as part of a systematic review of evidence:** Interview with agency head: The executive director stated immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Actions they would take to protect a resident would include separation, developing a Special Management Plan (SMP), and monitoring for retaliation. Interview with superintendent: The program manager stated that immediate actions are taken to protect any resident who is determined to be at substantial risk of imminent sexual abuse. Protective measures may include moving the resident to a safe and supervised housing unit, separating them from the alleged or potential perpetrator, assigning one-on-one supervision or increased observation, and notifying supervisory, medical, mental health, and investigative staff. Interviews with eight random staff: All eight staff interviewed stated that if a resident were determined to be at substantial risk of imminent sexual abuse, the facility would take immediate protective action. Staff explained that protective measures may include separating the involved residents, increasing close observation and monitoring, modifying housing assignments, restricting movement to ensure safety, implementing one-on-one supervision when necessary, and promptly notifying the program manager and other supervisory staff. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Interview with agency head
- Interview with director

Reasoning and analysis (by provision):
115.363 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the facility received one allegation that a resident was abused while confined at another facility. The PAQ incorrectly stated there were three allegations received.

Coosa Valley Youth Services PREA Policy (page 17):
Upon receiving an allegation that a youth was sexually abused while in a facility or program prior to arrival at CVYS, the Executive Director will notify the Director or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours. This notification may be withheld or delayed if the Director of the other facility has been accused of an active or implicit role in the abuse allegation. The Executive Director will also notify the Alabama Department of Youth Services, and the alleged victim's juvenile probation officer.

Documentation of allegations that a resident was abused while confined at another facility:
There were no allegations that a resident was abused while confined at another facility.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Coosa Valley Youth Services PREA Policy (page 17):
See 115.363 (a).

Documentation of allegations that a resident was abused while confined at another facility:
See 115.363 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Coosa Valley Youth Services PREA Policy (page 17):
CVYS will document that it has provided the required notifications.

Documentation of allegations that a resident was abused while confined at another facility:
See 115.363 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency/facility policy requires that allegations received from other facilities/ agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, no allegations of sexual abuse were received from other facilities.

Documentation of allegations that a resident was abused while confined at another facility:
See 115.363 (a).

What was heard, as part of a systematic review of evidence:
Interview with agency head:
The Executive Director stated that the receiving facility’s director would notify the

director of the facility where the alleged incident occurred, report the allegation for investigation, and document the notification and actions taken.

Interview with superintendent:
The program manager explained that if the facility were to receive an allegation of sexual abuse that occurred at another facility, the information would be reported immediately to the facility head and the PREA compliance manager. The facility would follow agency procedures for initiating or referring the investigation, ensuring the resident's safety and access to support services, and document all notifications and actions taken. All such reports are treated with the same seriousness as those originating within the facility. The program manager reported that no allegations of this nature were received during the audit period.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.364	Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Interviews with security staff and non-security staff first responders
- Interviews with a random sample of staff
- Interviews with residents who reported a sexual abuse

Reasoning and analysis (by provision):
115.364 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Coosa Valley Youth Services PREA Policy (page 18):
The staff member receiving sexual abuse information will immediately refer the youth to the agency nurse for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation.

The first direct care staff member to respond to the report is required to:

- Separate the alleged victim and perpetrator
- Preserve and protect any incident scene until appropriate steps can be taken to collect any evidence.
- Request the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure that the alleged abuser not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.

Review of response to allegations:
There were no allegations of sexual abuse.

What was heard, as part of a systematic review of evidence:
Interviews with security staff and non-security staff first responders:
Staff stated they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.364 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

	The agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to: • Request that the alleged victim not take any actions that could destroy physical evidence. • Notify security staff. 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 Coosa Valley Youth Services PREA Policy (page 18): If the first staff responder is a non-direct care staff member, he or she is required to instruct the alleged victim and perpetrator not to take any actions that could destroy physical evidence and then immediately notify direct care staff. Review of response to allegations: See 115.364 (a). **What was heard, as part of a systematic review of evidence:** Interviews with eight random staff and security staff and non-security staff first responders: Staff stated they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. All staff are mandated reporters and would therefore follow the same policy requirements as security staff if they are a first responder. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) Coosa Valley Youth Services PREA Policy revised 08/2022 Coosa Valley Youth Services Agency Coordinated Response to a Sexual Assault Incident Interview with superintendent **Reasoning and analysis (by provision):** **115.365 (a)** **What was read, as part of a systematic review of evidence:**

	The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Coosa Valley Youth Services PREA Policy (page 18): All CVYS programs and staff will follow the guidelines of the Agency Coordinated Response to a Sexual Assault Incident (Attachment G) to respond to all sexual assault incidents. Coordinated Response Plan for Sexual Abuse Allegations: The auditor reviewed the Coosa Valley Youth Services Agency Coordinated Response to a Sexual Assault Incident and observed the plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The program manager stated the facility follows a written coordinated response plan, and all staff are trained on their roles annually. First responders secure the resident, ensure safety, and preserve any potential evidence. Medical staff complete an initial assessment and arrange a forensic exam when appropriate. Mental health staff provide immediate support. Investigators begin the administrative or criminal investigation according to policy. Facility leadership is notified and oversees PREA reporting and coordination with outside agencies. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Interview with agency head **Reasoning and analysis (by provision):** **115.366 (a)**

What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into a collective bargaining agreement since the last PREA audit.

What was heard, as part of a systematic review of evidence:
Interview with agency head:
The executive director stated the agency has not entered into or renewed any collective bargaining agreements.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.366 (a) N/A

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.367	Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Coosa Valley Youth Services Protections Against Retaliation form
- Interview with agency head designee
- Interview with superintendent
- Interview with designated staff member charged with monitoring retaliation
- Interviews with residents who reported a sexual abuse

Reasoning and analysis (by provision):
115.367 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency has a policy to protect all residents and staff who report sexual abuse or

	sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates the PREA compliance manager and supervisors with monitoring for possible retaliation. Coosa Valley Youth Services PREA Policy (page 26): The Executive Director, Assistant Director, Program Managers, and their Supervisors will take steps to ensure that youth or staff alleging or reporting sexual abuse and sexual harassment are not victims of any form of retaliation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (b)** **What was read, as part of a systematic review of evidence:** Documentation of any protective measures taken: The auditor reviewed the Coosa Valley Youth Services Protections Against Retaliation form and observed the form would be used to document retaliation monitoring. Coosa Valley Youth Services PREA Policy (page 26): Special Management Plans will be utilized to protect residents from contact with alleged abusers. Documentation of any protective measures taken: There were no reported allegations of sexual abuse or sexual harassment. **What was heard, as part of a systematic review of evidence:** Interviews with agency head: The executive director confirmed that the agency protects residents and staff from retaliation following sexual abuse or sexual harassment allegations by implementing Special Management Plans and conducting ongoing monitoring. Interview with superintendent/designated staff member charged with monitoring retaliation (program manager): The program manager stated that their role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, includes assessing risk and implementing protective measures. These measures may involve making housing or work assignment changes when they benefit the victim, separating the victim from the alleged abuser, increasing supervision, providing emotional and psychological support services, and conducting regular follow-up checks. The program manager also coordinates with other departments and partner agencies to ensure a safe and supportive environment for both residents and staff. They explained that protective steps may include increased monitoring, mental health services, removing the alleged abuser from contact with the victim when

warranted, regular status checks, maintaining confidentiality, and watching for any signs of harassment, threats, or unfair treatment. In staff-related cases, administrative leave or reassignment to another building may be used. The program manager also makes follow-up contact with residents who report sexual abuse to ensure their continued safety.

What was observed as part of a systematic review of evidence:
Site review:
There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.367 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency and/or 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.

- The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The number of times an incident of retaliation occurred in the past 12 months: 0

Coosa Valley Youth Services PREA Policy (page 26):
PREA Compliance Managers and Supervisors will monitor for possible retaliation for a minimum of 90 days.

Documentation of monitoring efforts:
The auditor reviewed the Coosa Valley Youth Services Protections Against Retaliation form and observed the form is designed for periodic status checks for 90 days or longer.

What was heard, as part of a systematic review of evidence:
Interview with superintendent/designated staff member charged with monitoring retaliation (program manager):
The program manager stated that when retaliation is suspected, the facility immediately initiates an investigation. The resident is interviewed privately, a mental health check is completed, and housing, staffing, or program adjustments

	are made as needed to reduce risk. Matters may be referred for disciplinary action or criminal investigation when appropriate. To detect possible retaliation, staff actively monitor for sudden or excessive disciplinary reports, unexplained housing changes, removal from programs, staff reassignments or negative evaluations following cooperation, changes in behavior such as fear or withdrawal, reports or grievances alleging threats or mistreatment, and signs of social isolation. Regular status checks are conducted with counselors and administrative staff, and any concerns are documented to determine whether additional intervention is needed. The program manager stated that monitoring continues for at least 90 days for any resident or staff member who reports sexual abuse or cooperates in an investigation. This period is extended whenever there are ongoing concerns or indications that retaliation may occur. There is no maximum monitoring period; monitoring continues as long as risk remains. The focus is on ensuring ongoing safety and well-being rather than simply meeting the minimum requirement. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (d)** **What was read, as part of a systematic review of evidence:** Documentation of monitoring in case of residents: See 115.367 (c). **What was heard, as part of a systematic review of evidence:** Interview with designated staff member charged with monitoring retaliation (program manager): The program manager stated that staff look for several indicators to detect possible retaliation, including sudden or excessive disciplinary reports, unexplained housing changes, removal from programs or activities, negative staff performance evaluations or reassignments following cooperation in an investigation, changes in behavior such as withdrawal or anxiety, direct complaints or grievances alleging threats or mistreatment, and signs of social isolation from peers or staff. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (e)** **What was read, as part of a systematic review of evidence:** Documentation of protective measures taken: See 115.367 (b). **What was heard, as part of a systematic review of evidence:**

	Interviews with agency head: The executive director stated that if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual. Special Management Plans are implemented when necessary, and retaliation-monitoring activities are documented on the Protections Against Retaliation form. An administrator or supervisor is assigned to conduct monitoring for a minimum of 90 days. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (f)** N/A **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Interview with superintendent • Interviews with residents in isolation (for risk of sexual victimization) **Reasoning and analysis (by provision):** **115.368 (a):** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. No residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months. Coosa Valley Youth Services PREA Policy (page 20):

	Upon returning from the emergency room, the program manager will make a housing assessment and develop a housing plan to ensure the alleged victim and alleged perpetrator do not have contact with each other. The safety, security, and wellbeing of the alleged victim will be primary in these decisions. Information obtained from the health authority and counseling staff will be utilized in these decisions. In cases where program design is not conducive, the juvenile court having jurisdiction over the alleged victim or perpetrator may be contacted to assist by moving either youth to another location or facility. The alleged victim will not be housed in the same area as the alleged perpetrator. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The program manager stated the facility has not used segregated housing in this manner. Interviews with residents in isolation (for risk of sexual victimization): There were no residents in isolation during the onsite phase of the audit. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Memorandum Of Understanding between Coosa Valley Youth Services and Anniston Police Department dated 09/20/2016 • Coosa Valley Youth Services Staff Development Training Reports • Interview with superintendent • Interview with PREA coordinator • Interview with investigative staff (administrative investigations) • Interviews with residents who reported a sexual abuse **Evidence (corrective action):** • National Institute of Corrections’ Prison Rape Elimination Act (PREA)

Investigating Sexual Abuse in a Confinement Setting Course Certificates (09/2025)

Findings (By Provision):
115.371 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency/facility has a policy related to criminal and administrative agency investigations.

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

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated that an investigation following an allegation of sexual abuse or sexual harassment is initiated within 24 hours of receiving the report. Anonymous and third-party reports are handled and investigated in the same manner as all other allegations. Coosa Valley Youth Services conducts all investigations in accordance with PREA standards and agency policy.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (b)
What was read, as part of a systematic review of evidence:
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.

Review of training records/logs of investigative staff:
See 115.334 (b).

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. They stated they received the training required by §115.331 and completed the specialized training topics.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

See 115.334 (b).

Reasoning and analysis (by provision):
115.371 (c)
What was read, as part of a systematic review of evidence:
Coosa Valley Youth Services PREA Policy (page 20):
The Executive Director or designee (at the Program Manager level or above) is responsible for conducting internal administrative investigations of sexual abuse / sexual harassment. In cases of alleged sexual abuse, once physical evidence has been preserved by the first responder, CVYS staff should avoid handling it to prevent damaging the evidence. Forensic evidence will be collected by law enforcement or by trained forensic medical examiner (SAFE/SANE) as appropriate.

Review of investigative reports:
There were no reported allegations of sexual abuse or sexual harassment.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director described the investigation process and stated that the first step, initiated immediately upon receiving an allegation, is to separate the alleged victim and alleged perpetrator to ensure safety.

Investigation Process:

1. Receive and document the allegation.
2. Ensure immediate safety and make required notifications.
3. Preserve evidence by securing the area and protecting relevant materials.
4. Conduct a preliminary assessment to determine the scope and immediate needs of the investigation.
5. Conduct the administrative investigation, including interviews, evidence review, and documentation.
6. Make findings, substantiated, unsubstantiated, or unfounded, and document the rationale in detail.
7. Take corrective action when necessary.
8. Report and close the case in accordance with agency policy and PREA requirements.

Evidence Responsibilities:
The assistant director stated they are responsible for preserving both direct and circumstantial evidence during an investigation. This includes:

- Securing the scene and preventing contamination of physical evidence such as clothing, bedding, and logs.
- Preserving surveillance footage and other digital evidence (camera recordings, phone records, call logs).

- Instructing the alleged victim and alleged perpetrator not to wash, eat, drink, or use the restroom until forensic staff can assess, when applicable.
- Gathering interviews, electronic monitoring data, and reviewing any prior complaints or reports relevant to the case.

All evidence is preserved and handled in accordance with PREA standards and agency policy.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated an investigation does not terminate if the source of the allegation recants the allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (e)
What was read, as part of a systematic review of evidence:
Investigation reports:
See 115.371 (c).

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated compelled interviews would be handled by the Anniston Police Department. criminal investigators.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (f)
What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated that all criminal investigations are referred to the

Anniston Police Department. The police department is responsible for determining the credibility of the alleged victim, suspect, and any witnesses during the course of the investigation.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (g)
What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated that during an administrative investigation, they assess whether staff actions or failures to act contributed to an incident of sexual abuse. This includes reviewing whether staff followed policies, procedures, and post orders; evaluating staffing levels and supervision at the time of the incident; reviewing video, logbooks, and reports to verify required rounds and responses; and interviewing staff to determine whether they noticed concerns or failed to intervene. They also review policy and training records to determine whether any failure was due to lack of training or disregard for training, and they evaluate whether staff failed to protect or report as required.

The assistant director confirmed that all administrative investigations are fully documented. Investigation reports include basic case information such as the date, time, and location of the allegation; the case number; and the names of the alleged victim, alleged abuser, and witnesses. Reports include a summary of the allegation, how it was reported, the name of the assigned investigator, and the dates the investigation began and ended. The report also documents all investigative steps taken, interviews, review of video, logs, and records, and addresses whether any staff actions or failures to act contributed to the incident, including compliance with supervision policies, staffing plans, and PREA standards.

Investigation reports:
See 115.371 (c).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (h)
What was read, as part of a systematic review of evidence:
Review of memorandum of understanding between Coosa Valley Youth Services and Anniston Police Department dated 09/20/2016:
The auditor reviewed the memorandum of understanding and observed the

memorandum of understanding states; the Anniston Police Department is the law enforcement agency who would investigate any substantiated allegation of sexual abuse or sexual assault.

Criminal investigation reports:
There were no criminal investigation reports.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated criminal investigations would be handled by the Anniston Police Department criminal investigators.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (i)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Substantiated allegations of conduct that appear to be criminal are referred for prosecution.
The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

Review of cases referred for prosecution:
See 115.371 (h).

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated when supported by the evidence the Anniston Police Department would refer cases for prosecution.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (j)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Investigation reports:
See 115.371 (c).

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.371 (k)** **What was heard, as part of a systematic review of evidence:** Interview with investigative staff: The assistant director stated an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. They also stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation they would continue with the investigation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.371 (m)** **What was heard, as part of a systematic review of evidence:** Interview with PREA coordinator/investigative staff: The assistant director stated that when an outside agency, such as local law enforcement or another investigative body, conducts an investigation into an incident of sexual abuse in the facility, the agency continues to play an important support and coordination role, even though it is not the lead investigator. Interview with superintendent/PREA compliance manager: The program manager stated that the agency follows up with service providers to remain informed about the progress of a sexual abuse investigation conducted by an outside agency. Follow-up occurs as necessary to ensure appropriate action and support. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with investigative staff (administrative investigations)

Reasoning and analysis (by provision):
115.372 (a):
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The assistant director stated that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment in administrative investigations is a preponderance of the evidence, meaning the investigator must determine whether it is more likely than not that the incident occurred.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Coosa Valley Youth Services Juvenile Notification of Investigative Outcome form
- Interview with superintendent
- Interview with investigative staff (administrative investigations)
- Interviews with residents who reported a sexual abuse

Reasoning and analysis (by provision):
115.373 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire

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

In the past 12 months:

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

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

Review of resident outcome notifications:
The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed the form informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation

What was heard, as part of a systematic review of evidence:
Interview with superintendent (program manager):
The director stated the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Interview with investigative staff (internal administrative investigations):
The assistant director stated they are aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the

outcome of the investigation.

In the past 12 months:

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

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

Review of resident outcome notifications:
See 115.373 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

- 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.

There have been no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Coosa Valley Youth Services PREA Policy (page 21):
Following a youth's allegation that a staff member has committed sexual abuse against the resident, the agency subsequently informs the youth (unless the investigation has determined that the allegation is unfounded) whenever (1) the staff member is no longer posted within the youth's residential area, (2) the staff member is no longer employed at the facility, (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency,

or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The notification of the youth to any of these details will be documented in the youth's file upon occurrence.

Review of resident outcome notifications:
The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed the form includes the standard provision requirements.

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

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

Review of resident outcome notifications:
The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed the form includes the standard provision requirements.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (e)

	What was read, as part of a systematic review of evidence: The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months: • The number of notifications to residents that were made pursuant to this standard: 0 • The number of those notifications that were documented: 0 Coosa Valley Youth Services PREA Policy (page 21): The notification of the youth to any of these details will be documented in the youth's file upon occurrence. Review of resident outcome notifications: See 115.373 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.373 (f)** N/A **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 **Reasoning and analysis (by provision):** **115.376 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire

indicated:
Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Coosa Valley Youth Services PREA Policy (page 22):
Staff will be subject to disciplinary sanctions up to and including termination and prosecution for violating agency sexual abuse and sexual harassment policies.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.376 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
In the past 12 months:

- The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
- The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: N/A

Review of records of terminations, resignations or other sanctions for violation of sexual abuse or harassment policies:
No staff from the facility have violated agency sexual abuse or sexual harassment policies during the 12 month audit reporting period.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.376 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

In the past 12 months, zero staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Coosa Valley Youth Services PREA Policy (page 22):

	Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment will be commensurate with the nature and circumstances of the acts committed and the staff member's disciplinary history. Review of records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months: See 115.376 (b). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.376 (d)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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, zero staff from the facility were reported to law enforcement or licensing boards following termination, or resignation prior to termination, for violating agency sexual abuse or sexual harassment policies. Coosa Valley Youth Services PREA Policy (page 22): These sanctions will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority. Review of records of reports to law enforcement for violations of agency sexual abuse or sexual harassment policies: See 115.376 (b). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit

Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Interview with superintendent

Reasoning and analysis (by provision):
115.377 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Coosa Valley Youth Services PREA Policy (page 22):
Any contractor, vendor, or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.377 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Coosa Valley Youth Services PREA Policy (page 22):
All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement investigating the alleged sexual assault and to any relevant agency licensing authority.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The program manager stated if a contractor or volunteer violates the agency’s sexual abuse or sexual harassment policies, the facility takes remedial action and prohibits them from having any further contact with residents.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Interview with superintendent • Interview with medical and mental health staff **Reasoning and analysis (by provision):** **115.378 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months: • The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 • The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 Coosa Valley Youth Services PREA Policy (page 22): Youth will receive appropriate interventions if they engage in youth on youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, are made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

Reasoning and analysis (by provision):
115.378 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0
- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Coosa Valley Youth Services PREA Policy (page 22):
Youth will receive appropriate interventions if they engage in youth on youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, are made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The program manager stated that residents found, through an administrative or criminal investigation, to have engaged in resident-on-resident sexual abuse are subject to disciplinary sanctions based on the agency’s graduated disciplinary process. Sanctions may include loss of privileges, room restriction, program restrictions, transfer to another unit, and, in serious or criminal cases, referral to law enforcement for prosecution.

Sanctions are individualized and proportionate to the nature and circumstances of the abuse, the resident’s disciplinary history, and the sanctions imposed in similar cases. Decisions follow guidance from the disciplinary hearing officer or review panel, and facility leadership reviews sanctions to ensure consistency and fairness.

The Robert E. Lewis Residential Treatment Academy does not use isolation as a disciplinary measure under any circumstances.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (c)
What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The program manager stated mental disability or mental illness is considered when determining sanctions.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

What was heard, as part of a systematic review of evidence:
Interview with mental health staff:
The counselor stated that if the facility offers therapy, counseling, or other intervention services designed to address the underlying reasons or motivations for sexual abuse, these services are also considered for an offending resident, when appropriate.

They further stated that participation in these services is not required as a condition for access to the rewards-based behavior management system, programming, or education.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (e)

	What was read, as part of a systematic review of evidence: The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. Coosa Valley Youth Services PREA Policy (page 22): CVYS reports youth to law enforcement and youth will be referred for criminal prosecution when appropriate. The agency disciplines youth for sexual conduct with staff only upon finding that the staff did not consent to such conduct. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.378 (f)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Coosa Valley Youth Services PREA Policy (page 23): CVYS prohibits disciplinary action for a youth reporting of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.378 (g)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior forms
- Interview with staff responsible for risk screening
- Interviews with medical and mental health staff
- Interviews with residents who disclose sexual victimization at risk screening

Reasoning and analysis (by provision):
115.381 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 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%

Coosa Valley Youth Services PREA Policy (page 23):
Screening pursuant to section VI A.B.C. indicates a youth who has disclosed any prior sexual victimization during screening is referred to a counselor for follow-up. The counselor will further assess the youth and make a recommendation to the program manager regarding creating a special management plan for the youth or housing with the general population.

Document review:
There were no applicable follow-up meetings for the residents interviewed.

What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening (juvenile training officer):
The juvenile training officer stated if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

Interviews with residents who disclose sexual victimization at risk screening:
Zero residents were identified during risk screening as having disclosed prior sexual

victimization.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.381 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Coosa Valley Youth Services PREA Policy (page 23):
If a screening pursuant to section VI indicates that a youth has previously been the victim of sexual abuse, whether it occurred in a facility setting or in the community, staff will ensure that the youth is referred to a counselor for follow-up.

What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening (juvenile training officer):
The juvenile training officer stated if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.381 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

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

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.381 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

What was heard, as part of a systematic review of evidence:
Interview with medical staff:
The nurse stated that all medical staff are mandatory reporters, so any disclosure of past sexual victimization must be reported according to state law and agency policy. While residents are informed that medical staff are required to report, their consent is not required to make a mandatory report.

The nurse explained that because all residents at the facility are under 18, mandatory reporting laws apply to every disclosure.

Interview with mental health staff:
The counselor stated that they do not obtain informed consent before reporting prior sexual victimization that occurred outside an institutional setting because all staff are mandatory reporters. Any disclosure involving a minor must be reported.

For residents under 18, the counselor explained that mandatory reporting laws apply to all youth ages 12 to 18, and staff are required to report disclosures in accordance with state law and agency policy.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022

- Memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. dated November 20, 2018
- Resident PREA Video
- Interviews with medical and mental health staff
- Interviews with residents who reported a sexual abuse
- Interviews with security staff and non-security staff first responders
- Site review

Reasoning and analysis (by provision):
115.382 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

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

Document review:
Memorandum of agreement between Coosa Valley Youth Services and 2nd Chance, Inc. dated November 20, 2018. 2nd Chance, Inc. would provide crisis intervention services.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The nurse and counselor both stated the nature and scope of these services provided at the facility would be determined according to their professional judgment.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Community outreach:
The auditor contacted 2nd Chance, Inc. and confirmed victim advocates would be available to provide emotional support services to a victim of sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.382 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

What was heard, as part of a systematic review of evidence:
Interviews with security staff and non-security staff first responders:
Staff first responders stated they would protect the victim and notify the appropriate medical and mental health practitioners.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.382 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The nurse stated victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis offsite.

Interviews with residents who reported a sexual abuse:
See 115.382 (a).

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.382 (d)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. Review of education materials: The auditor reviewed the Resident PREA Video and observe the video informs residents treatment services shall be provided to a victim without financial cost. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Interviews with medical and mental health staff • Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.383 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. Coosa Valley Youth Services PREA Policy (page 25):

CVYS offers medical and counseling services, as appropriate, to all youth including those who have been victimized by sexual abuse.

What was observed as part of a systematic review of evidence:
Site review:
Services would be available at the facility and offsite at 2nd Chance, Inc, Regional Medical Center or Children's of Alabama based on availability of services.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (b)
What was read, as part of a systematic review of evidence:
Coosa Valley Youth Services PREA Policy (page 25):
The evaluation and treatment of victims shall include appropriate follow-up services and, when necessary, referrals for continued care, with approval and cooperation from the court having jurisdiction over the youth.

Review of medical records:
There were no medical records or secondary documentation.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The nurse stated that evaluation and treatment for residents who have been victimized include scheduling medical appointments, providing mental health services, making referrals to the rape crisis center when appropriate, and arranging prescriptions or follow-up care as needed.

The counselor stated that evaluation and treatment for residents who have been victimized includes providing counseling services and making referrals to the Child Advocacy Center (CAC) for additional support. Follow-up services and continued care are arranged as needed.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (c)
What was read, as part of a systematic review of evidence:
Coosa Valley Youth Services PREA Policy (page 25):
CVYS provides victims with medical and mental health services consistent with the community level of care through a combination of in house services and referrals,

with approval and cooperation from the court having jurisdiction over the youth.

Review of medical records:
See 115.383 (b).

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The nurse and counselor both stated medical and mental health services are consistent with the community level of care.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.383 (d) N/A; Robert E. Lewis Residential Treatment Academy is an all-male facility.

115.383 (e) N/A; Robert E. Lewis Residential Treatment Academy is an all-male facility.

Reasoning and analysis (by provision):
115.383 (f)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Coosa Valley Youth Services PREA Policy (page 25):
Offer tests for sexually transmitted infections as medically appropriate.

Review of medical records:
See 115.383 (b).

What was heard, as part of a systematic review of evidence:
Interviews with medical staff:
The nurse stated victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

Interviews with residents who reported a sexual abuse:
See 115.383 (b).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (g)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire

	indicated: 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. Coosa Valley Youth Services PREA Policy (page 25): Provide treatment services to the victim, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **What was heard, as part of a systematic review of evidence:** Interviews with residents who reported a sexual abuse: See 115.383 (b). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.383 (h)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: 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. Coosa Valley Youth Services PREA Policy (page 25): CVYS will attempt to arrange for a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by counseling staff. Review of mental health records: There were no applicable mental health records to review. **What was heard, as part of a systematic review of evidence:** Interview with mental health staff: The counselor stated they conduct a mental health evaluation for all known resident-on-resident abusers and offer treatment when appropriate. They reported that evaluations are completed as soon as possible after learning of the resident's abuse history. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.386	**Sexual abuse incident reviews**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Coosa Valley Youth Services PREA Policy revised 08/2022
- Coosa Valley Youth Services Sexual Abuse Incident Review form
- Interview with superintendent
- Interview with PREA compliance manager
- Interview with incident review team

Reasoning and analysis (by provision):
115.386 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0

Coosa Valley Youth Services PREA Policy (page 25):
Each program at CVYS will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team.

Review of completed criminal or administrative investigations of sexual abuse:
The auditor reviewed the Sexual Abuse Incident Review form and observed the form would be used to document incident reviews at the conclusion of criminal or administrative sexual abuse investigations.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.386 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations

of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

Coosa Valley Youth Services PREA Policy (page 25):
The report must be completed within 30 days of conclusion of the investigation.

Review of completed criminal or administrative investigations of sexual abuse:
See 115.386 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.386 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Coosa Valley Youth Services PREA Policy (page 26):
The PREA Incident Review Team includes the Executive Director, Assistant Director (Agency-wide PREA Coordinator), Program Manager (PREA Compliance Manager), Medical Staff, and outside law enforcement agencies (for criminal investigations).

Documentation of review team minutes or reports:
The auditor reviewed the Sexual Abuse Incident Review form and observed that the review includes a team approach.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The program manager stated the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.386 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Coosa Valley Youth Services PREA Policy (page 26):
The PREA Compliance Manager (Program Manager) will coordinate the evaluation of each incident to include:

- Ensuring that the victim receives the required treatment;
- Assessing potential causes of the incident or allegation (e.g., race, ethnicity, gender identity, sexual orientation, gang affiliation, interpersonal dynamics, etc.);
- Identify any physical barriers that may have enabled the abuse (e.g., blind spots, covered windows, poor lighting, outstanding work orders, etc.);
- Identifying adequacy of staffing levels during different shifts;
- Assessing technology, policy, or training, to better prevent, detect, and/or respond to incidents of sexual abuse; and
- Ensuring all identified corrective action is documented.

A report shall be made of the team's findings with recommendations for improvement and submitted to the Juvenile Judge and PREA Compliance Coordinator/Manager.

Documentation of review team minutes or reports:
The auditor reviewed the Sexual Abuse Incident Review form and observed the form includes the standard provision requirements.

What was heard, as part of a systematic review of evidence:
Interview with superintendent/PREA compliance manager/incident review team:
The program manager stated they would be a part of the sexual abuse incident review team. They stated the team considers whether the incident or allegation was motivated by race; ethnicity; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. They confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The facility conducts a sexual abuse incident review. The facility prepares a report of its findings from the review, including any determinations per standard 115.386 (d)-1 through (d)- 5 and any recommendations for improvement. They stated they are part of the review. They stated they have noticed no trends.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action not required.

Reasoning and analysis (by provision):
115.386 (e)
What was read, as part of a systematic review of evidence:

	The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The facility implements the recommendations for improvement or documents its reasons for not doing so. Coosa Valley Youth Services PREA Policy (page 26): Following an alleged Youth on Youth Sexual Penetration and Staff/Contractor/ Volunteer/Intern on Youth Sexual Penetration, the PREA Compliance Manager will complete a report detailing the response action, recommendations and overall management of the alleged victim and perpetrator. The PREA Compliance Manager will submit the report to the Agency-wide PREA Coordinator and Executive Director. The Agency-wide PREA Coordinator will assist the program in the implementation of the recommendations. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • Survey of Sexual Victimization Substantiated Incident Form (Juvenile) • 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report **Reasoning and analysis (by provision):** **115.387 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Coosa Valley Youth Services PREA Policy (pages 26-27): CVYS collects accurate, uniform data for every allegation of sexual abuse at facilities using the standardized PREA Incident Report (Attachment H). CVYS

maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Review of incident-based data collection:
The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification the agency uses a standardized instrument and set of definitions.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.387 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency aggregates the incident-based sexual abuse data at least annually.

Review of incident-based data collection:
The auditor reviewed the 2024, 2023 and 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Reports and observed aggregated data from 2022-2024.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.387 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.387 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

	Coosa Valley Youth Services PREA Policy (page 27): CVYS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (e)** N/A **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: Coosa Valley Youth Services does not contract for the confinement of its residents. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (f)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The Department of Justice (DOJ) did not request data from the previous calendar year. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report • Interview with agency head • Interview with PREA coordinator

- Interview with PREA compliance manager

Reasoning and analysis (by provision):
115.388 (a)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:

- The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse
- prevention, detection, and response policies, and training, including:
- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Coosa Valley Youth Services PREA Policy (page 27):
The Agency-wide PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregate data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training.

Review of documentation of corrective action plans:
The auditor reviewed the 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report and observed the report includes no identified problem areas and there were no corrective actions taken during the year.

What was heard, as part of a systematic review of evidence:
Interviews with agency head and PREA coordinator:
The executive director and PREA coordinator both stated the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.388 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.

Review of annual reports:

	The auditor reviewed the 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report and observed the report provides an assessment of the agency's progress in addressing sexual abuse and a comparison of the current year's data and corrective actions with those from prior years. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.388 (c)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. Agency website review: The auditor reviewed the agency's website at http://www.cvys.net/PREA.html and observed the annual reports are published. The reports are approved by the assistant director and executive director. **What was heard, as part of a systematic review of evidence:** Interviews with agency head: The executive director stated they approve annual reports. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.388 (d)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Review of published annual reports: The auditor reviewed the 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report and observed the no personal identifying information. **What was heard, as part of a systematic review of evidence:** Interviews with PREA coordinator: The PREA Coordinator stated that materials typically redacted from the annual report include personally identifiable information such as the names of victims, witnesses, or alleged perpetrators; sensitive medical or mental health details; and

	any information that could compromise facility safety or security. These redactions ensure the report can be made public without violating privacy laws, placing youth or staff at risk, or jeopardizing security. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Coosa Valley Youth Services PREA Policy revised 08/2022 • 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Report • Interview with PREA coordinator **Reasoning and analysis (by provision):** **115.389 (a)** **What was read, as part of a systematic review of evidence:** The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated: The agency ensures that incident-based and aggregate data are securely retained. **What was heard, as part of a systematic review of evidence:** Interview with PREA coordinator: The PREA Coordinator stated that the agency ensures all data collected under §115.387 are securely retained in accordance with PREA standards. PREA-related records, reports, and statistical data are protected from unauthorized access, tampering, or disclosure. Physical records are kept in locked filing systems accessible only to designated staff with a legitimate need to know. Electronic records are stored on secure, password-protected systems with controlled access. All records are maintained for the required retention period and are then destroyed securely, physical files are shredded, and electronic data are permanently deleted. The agency is committed to protecting the confidentiality, integrity, and security of all PREA data. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

Reasoning and analysis (by provision):
115.389 (b)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
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.

Website review:
The auditor reviewed the agency's website at http://www.cvys.net/PREA.html and observed the 2022, 2023 and 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Reports are published.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.389 (c)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Coosa Valley Youth Services PREA Policy (page 27):
The Agency-wide PREA Coordinator will submit an Annual Report with redacted material to the Executive Director for publication in the CVYS Annual Report. Before making aggregate sexual abuse data publicly available, the agency will remove all personal identifiers.

Review of publicly available sexual abuse data:
The auditor reviewed the 2022, 2023 and 2024 Robert E. Lewis Residential Treatment Academy Annual PREA Reports and observed the reports do not include personal identifiers.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.389 (d)
What was read, as part of a systematic review of evidence:
The Robert E. Lewis Residential Treatment Academy Pre-Audit Questionnaire indicated:
The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

	Coosa Valley Youth Services PREA Policy (page 27): CVYS will maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection or until the year the youngest youth involved turns 26; whichever is longer, unless Federal, State, or local law requires otherwise. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Interviews • Research • Policy Review • Document Review • Observations during onsite review of facility **Reasoning and analysis (by provision):** **115.401 (a)** During the three-year period beginning on August 20, 2013, and during each subsequent three-year period, Coosa Valley Youth Services has ensured that every facility operated by the agency, or by a private organization on its behalf, has been audited at least once. All three Coosa Valley Youth Services facilities were audited for compliance with the Federal PREA Standards in 2016, 2019, and 2022. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.401 (b)** See 115.401 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):**

	115.401 (h) The auditor was given access to, and the ability to observe, all areas of the Robert E. Lewis Residential Treatment Academy. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.401 (i)** The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.401 (m)** The auditor was permitted to conduct private interviews with residents at the facility. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.401 (n):** The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

	• Robert E. Lewis Residential Treatment Academy PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Website Review • Document Review **Reasoning and analysis (by provision):** **115.403 (f):** **What was observed as part of a systematic review of evidence:** The auditor reviewed the Robert E. Lewis Residential Treatment Academy publications and reports. Final PREA Audit Reports are published on the agency's website at http://www.cvys.net/PREA.html. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
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)	na
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	communication with residents who are deaf or hard of hearing?	
	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	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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	yes

	maintained by the State or locality in which the employee would work?	
	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.)	na
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.)	na
115.321	**Evidence protocol and forensic medical examinations**	

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
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	**Evidence protocol and forensic medical examinations**	

(e)		
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	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 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.)	na
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))	yes
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

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	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?	
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	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
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	yes

	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).)	
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	yes

	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.)	
	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.)	na
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	yes

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
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	**Resident reporting**	

(a)		
	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	yes

	standard.)	
	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	**Exhaustion of administrative remedies**	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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	yes

	criminal referred for prosecution?	
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	yes

	responsible for conducting administrative and criminal investigations.)	
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	yes

	within the facility?	
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	**Interventions and disciplinary sanctions for residents**	

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
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	yes

	medical and mental health practitioners?	
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.)	na
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	na

	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.)	
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	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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.)	na
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	yes

	addressing sexual abuse?	
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?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
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.)	na
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	yes

	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.)	