

PREA AUDIT REPORT INTERIM x FINAL
JUVENILE FACILITIES

Date of report: May 10, 2016

Auditor Information			
Auditor name: Georgeanna Mayo Murphy			
Address: P.O. Box 81873 Mobile, AL 36689			
Email: GeorgeannaMurphy@yahoo.com			
Telephone number: (251)421-0604			
Date of facility visit: February 29, 2016 – March 2, 2016			
Facility Information			
Facility name: Southeast Alabama Youth Services Diversion Center			
Facility physical address: 2850 Horace Shepard Drive Dothan, AL 36303			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (334) 983 5031			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Stanley Davis			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 49			
Current population of facility: 22			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 13—18 years old			
Name of PREA Compliance Manager: Sharon Trujillo		Title: PREA Manager/Master Controller	
Email address: sktrujillo@saysdothan.com		Telephone number: (334)983-5031	
Agency Information			
Name of agency: Southeast Alabama Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2850 Horace Shepard Drive Dothan, AL 36303			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (334)983--5031			
Agency Chief Executive Officer			
Name: Stanley Davis		Title: Executive Director	
Email address: 2850 Horace Shepard Drive Dothan,AL 36303		Telephone number: (334)983-8377	
Agency-Wide PREA Coordinator			
Name: Michael Love		Title: PREA Coordinator/Agency Compliance Officer	
Email address: mlove@saysdothan.com		Telephone number: (334)983-8377	

AUDIT FINDINGS

NARRATIVE

On March 29, 2016 through March 2, 2016 a Prison Rape Elimination Act (PREA) on-site audit was conducted of the Southeast Alabama Youth Services Diversion Center (SAYS) in Dothan, Alabama by Georgeanna Murphy a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire prepared by the facility's PREA Coordinator. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures, intake materials and other PREA related materials provided to demonstrate compliance with the PREA standards. Several minor issues prompted contact with the facility's PREA Coordinator to clarify questions and implement policy changes. These issues were corrected quickly by the PREA Coordinator and Southeast Youth Services management prior to the auditor's on-site-visit. The on-site audit was conducted over a three day period with visits to all shifts so the auditor could observe the daily routine of the diversion center. The facility provided me with computer access and a conference room to interview management personnel. All residents and diversion staff interviews were conducted in one of the facility's dayrooms. Both areas where interviews took place allowed me to work and conduct interviews in a confidential manner.

Formal and personal interviews were conducted with facility staff, residents and contract personnel. Thirteen (13) residents and fourteen (14) staff members were interviewed. Residents included (5) females and eight (8) males. The fourteen (14) staff members (male and female) included members of each shift, speciality staff, medical, teachers, counselors, investigators, first responders, intake and screening, human resources, and training staff. The facility's acting Director of Detention, PREA Coordinator and PREA Compliance Manager were also interviewed. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of the reporting options available to them to report sexual abuse and/or sexual harassment, the training they received regarding personal safety, search procedures, showering procedures as well as visitation, and phone call opportunities. Staff were also questioned using the DOJ protocols that provide the auditor with a better understanding of staff's overall knowledge of PREA. Questions are related to staff training, zero tolerance policy, reporting options available to staff and residents, response protocols to allegations of abuse and sexual harassment, staffing ratios, as well as first responder duties. I reviewed ten (10) random staff training files and employee files to determine compliance with standards related to training and background checks. I also reviewed (10) resident files to determine if standards related to screening, and training were being met. The facility did not have any allegations of sexual abuse or harassment in the past twelve months except for one complaint which involved another facility where a resident stated he had been sexually assaulted. SAYS notified the facility in question as well as the Alabama Department of Human Resources to file a complaint. The PREA Coordinator provided me with all information including the findings by DHR.

I toured the facility escorted by the PREA Coordinator and PREA Manager. I observed the layout of the facility, camera location, staff supervision of residents, location of showers, placement of posters, master control, common living areas, resident rooms, classrooms, clinic, administrative offices and outside recreation area. The auditor noted that all showers on each hallway allow residents to have total privacy. One resident enters the shower and the door is locked behind them while a staff member stands in the hallway. Toilets are located in each of the resident rooms which provide some privacy. Hall checks are conducted every fifteen (15) minutes and staff look into each room to ensure the resident is safe and the room is intact. Each hallway is gender specific; male officers work with male resident and female officers work with female residents. At no time does a male staff member walk down the female hallway unannounced nor does a female staff member walk down any of the male hallways unannounced. PREA posters are posted prominently in all areas both in English and Spanish. I was given complete access to all areas of the facility.

All staff members and resident treated me with great hospitality during my visit and were eager to answer any question asked. It is clear to me that the Southeast Alabama Youth Services Diversion Center has made PREA compliance a high priority and have worked diligently to ensure the sexual safety of the residents in their care. Staff, contract personnel and residents were very knowledgeable about the issues related to PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

Southeast Alabama Youth Services Diversion Center is a private not for profit facility. The facility opened in 1981; prior to this juveniles had been placed in the Houston County Jail. Southeast Alabama Youth Services Diversion Center is a 49 bed secure detention facility for male and female residents awaiting trial and /or placement/release located in Dothan, Alabama. The facility contracts with several other smaller counties in Alabama to provide bed space for juveniles from their communities. The facility is licensed by the Alabama Department of Youth Services to operate and is audited annually to ensure it is meeting standards adopted from the American Correctional Association (ACA). The facility's floor plan is based on a wagon wheel design with a central master control located in the center and residents hallways coming off the center like spokes on a wheel. The master control operator has the ability to see down each hallway and monitor staff and resident movement at all times. Although the facility houses both male and female residents at no time do they mix. Female residents have their own dayroom, classroom, and shower. Males have the same accommodations on their hallways. The intake processing area is located at the main entrance of the facility. This is where residents are searched by a staff member of the same gender for weapons or contraband upon entering the facility. The facility includes a medical exam room, kitchen, laundry area, The PREA Manager's office is located directly outside the Master Control office.

The master control office houses video camera monitoring equipment that provides video feed from all external and internal cameras. Cameras are strategically placed and monitor all entrances into the building and areas inside the facility. Master Control is manned at all times to provide constant monitoring of cameras including internal movement of staff and residents throughout the facility. .

There were six hundred and forty (640) residents admitted in the past 12 months. Their average length of stay was 15.3 days. The population is made up of male and female juveniles between the ages of 12 and 18. The facility employs 19 staff members who have contact with the residents. They contract with the Houston County Department of Education to provide teachers as well as a local physician and nurse to provide basic medical care.

SUMMARY OF AUDIT FINDINGS

During the past 12 months, the Southeast Alabama Youth Services Diversion Center reported no allegations of sexual abuse or sexual harassment against their facility. One resident did make a complaint against another facility stating he was sexually assaulted while there. SAYS contacted the administrator of the facility in question and made a report with the Alabama Department of Human Resources. SAYS provided the auditor with documentation of the complaint and the findings from the Department of Human Resources. There were no administrative investigations and no criminal investigations related to sexual abuse or sexual harassment conducted by SAYS.

Overall, the interview of residents reflected they were aware and understood the protections provided by PREA and the facility's zero tolerance policy for sexual abuse and sexual harassment. Residents receive written materials during the intake process and are provided a more detailed explanation of PREA during orientation. Residents indicated they understood the ways they could report abuse and were given an envelope with the PREA hotline phone number as well as a pamphlet "What you should know about sexual abuse and assault", copy of a Grievance Form, and PREA 115.333.1 "Statement from the Student Handbook". Residents were able to articulate to the auditor what they would do and who they would tell if they or another resident were sexually abused or harassed. All residents indicated to the auditor that they felt safe in the facility and felt that staff cared about their well-being.

Facility staff interviewed indicated they received detailed PREA training and could articulate the meaning of the facility's zero tolerance policy. Staff were knowledgeable of their roles and responsibilities in the prevention, detection and reporting of sexual abuse and harassment. Staff were very knowledgeable of the reporting options for residents as well as themselves. Staff understood the importance of the duties of the first responder and were very knowledgeable of what to do if a resident told them they had been sexually assaulted.

All criminal investigation would be conducted by the Houston County Sheriff's Department and/or Dothan City Police Department. All sexual assault medical evaluations would be conducted by the staff at Flowers Hospital at no charge to the patient. All sexual assault reports go through the Southeast Alabama Child Advocacy Center who works with law enforcement, advocates, counselors, medical staff, DHR and prosecutors to work toward the best outcome for the child and prosecute sexual predators.

All staff members and residents treated me with great hospitality during my visit and were eager to answer any question asked. It is clear to me that the Southeast Alabama Youth Services Diversion Center has made PREA compliance a high priority and have worked diligently to ensure the sexual safety of the residents in their care. Staff, contract personnel and residents were very knowledgeable about the issues related to PREA.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met:

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

The Southeast Alabama Youth Service Diversion Center (SAYS) has implemented a zero tolerance policy as detailed in “Policy 13.8.1” which addresses the facility’s approach to preventing, detecting and responding to all allegations of sexual abuse and sexual harassment. The policy includes the necessary definitions, sanctions and descriptions of the facility’s strategies and responses to sexual abuse and sexual harassment. The policy lists the facility’s procedures for training residents, staff, volunteers, contract personnel, etc. The policy designates a PREA Coordinator, Mr. Michael Love who also serves as the facility’s compliance officer. The PREA Coordinator reports directly to the Director of Detention, Mr. Joe Easley. He indicates he has sufficient time and authority to develop, implement and oversee the facility’s efforts in complying with PREA. The facility also has a PREA Manager who reports directly to Mr. Love. Ms Sharon Trujillo serves as the PREA Compliance Manager for the SAYS Diversion Center. Her official title is Master Controller. Ms Trujillo also indicated to me that she has sufficient time and authority to develop, implement and oversee the facility’s efforts in complying with PREA.

- Policy 13.8.1
- Southeast Alabama Youth Services Diversion Center Organizational Chart
- Interview with PREA Coordinator and PREA Manager
- Pre-Audit Questionnaire
- Written Institutional Plan
- Interview with Director of Detention

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

This standard is not applicable because the facility does not contract with other facilities to house Houston County’s residents. Several of the smaller Alabama counties do contract with the facility to house residents from their communities and are aware of the PREA Guidelines of the Southeast Alabama Youth Services Diversion Center.

Standard 115.313 Supervision and monitoring

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

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.

SAYS Diverson Center has a formalized written staffing plan that address the mandates required by PREA in this standard and it is reviewed annually. The Alabama Department of Youth Services requires the facility to maintain a 1:8 staff ratio during waking hours and 1:12 during sleeping hours.

Standard 115.313 sub section (c) regarding supervision ratios is effective October 1, 2017. The facility employees full time and part-time staff to achieve staffing. During staff interviews as well as interviews with administrative staff it was evident to the auditor that staff are often stretched very thin and at some times have trouble meeting the required ratios which can increase the risk of sexual assaults as well as other issues in the facility. However it is recommended that to be in compliance with any PREA audit after 2017 the facility investigate hiring more staff members.

The facility conducts unannounced rounds by first line supervisory staff as well as upper level management on all shifts.

Policy 13.8.1 (pg 20-21)

Pre-Audit Questionnaire

Staffing Plan

Staffing Plan Review

Organizational Chart

Population Report

Staff Schedules

Interviews with first-line supervisors

Interviews with Administrative staff

Interviews with PREA Coordinator

Interviews with PREA Manager

Completed Unannounced Rounds Forms

Standard 115.315 Limits to cross-gender viewing and searches

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

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.

SAYS Diversion Center policy prohibits cross-gender pat-down-searches as well as strip searches. Under exigent circumstances policy does permit cross-gender pat-down searches; however there have been no exigent circumstances which have led to a need for cross gender pat-down searches in the past 12 months. Body cavity searches are only conducted by trained medical staff (physician and nurses). Policy also prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. SAYS policy and practice also ensures that residents are able to shower, perform bodily functions and change clothing with privacy. Policy and practice require announcement when staff of the opposite gender enter the housing unit and the shower or toilet area. Residents shower alone in a private shower. Staff lock the door behind the resident and open the door when the resident is ready to exit. Toilets are located in the resident's room. Hall checks are done every 15 minutes by a staff member who is the same gender as the residents on that hallway providing as much privacy as possible while also maintaining the safety and security of the residents and the facility. During resident interviews they stated they felt they had adequate privacy to shower, use the restroom and change clothes.

The facility provides training for staff in the event they have to conduct a cross gender pat-down search or conduct a pat-down of a transgender or intersex resident.

Policy 13.8.1

Policy 3.71

Policy 3.7.2

Training Materials

Staff Interviews

Resident Interviews

PREA Compliance Manager

PREA Compliance Coordinator

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

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

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.

SAYS policy requires all residents with special needs or who do not speak English have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Policy prohibits the use of resident interpreters unless substantial harm would be done due to a delay in reporting. SAYS has a MOU with the Alabama Institute for Deaf and Blind and with Ms Maria Montoya to provide services for residents who speak Spanish. Residents who are unable to read or have a limited reading proficiency have the information read to them by a staff member. Posters in English and Spanish are located throughout the facility.

There have been no instances in the past 12 months when an interpreter was needed due to a resident with a disability or a resident who was not English proficient.

Policy 13.8.1

Policy 3.73

Resident Handbook

MOU Alabama Institute for Deaf and Blind

MOU Maria Montoya

Posters in English and Spanish

PREA Coordinator

PREA Manager

Interviews with Staff

Interviews with Residents

Standard 115.317 Hiring and promotion decisions

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

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.

The SAYS policy prohibits the hiring, promotion, or retention of any employee, volunteer, or contract employee that has the prohibited conduct specified in this standard. The policy also requires the facility consider any incidents of sexual harassment in determining whether to hire or promote staff or enlist the services of a contract employee or volunteer who may have contact with residents. The background checks currently conducted by the SAYS Diversion Center do not meet the guidelines set forth in the PREA Standards. Background checks are run by the Dothan Police Department but only include criminal activity that occurred in their jurisdiction. SAYS also runs and Child Abuse and Neglect Report through the Alabama Department of Human Resources on all potential employees, volunteers, and contract personnel. The facility does their best effort to contact former employers for information related to substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse through the use of form signed by the potential employee allowing their former employer to release this information.

Policy 13.8.1

Policy 3.1

Interviews with PREA Coordinator

Interviews with PREA Manager

Interviews with Administrative Staff

Employee Files

Corrective Action

1. Obtain NCIC background check from any potential employee, contractor volunteer. The NCIC background check includes information from all 50 states regarding a persons criminal history, sex offender registry, etc. This information can be obtained from the Federal Bureau of Investigations for \$18.00, This process can take up to three months. A criminal history can be obtained in the mean time through the use of a private company at a minimal cost. This must be done every 5 years to remain in compliance as well as if any employee is considered for promotion. Many facility's have the employee, volunteer, contractor absorb the cost.

Corrective ActionTaken

The facility conducts an initial background check though a private agency and the Federal Bureau of Investiations as well as a Child Abuse and Neglect Report through the Alabama Department of Human Resources for all new employee, employees who are eligible for a promotion and on all current employees every 5 years. These background checks are also run on volunteers and contract personnel.

Standard 115.318 Upgrades to facilities and technologies

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

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.

SAYS reports that there have been no acquisitions of new facilities or substantial expansions, modifications, or retrofitting of the current building. Cameras internally are located in hallways, common areas, and entrances to the building. Cameras have been added in some of the blind spots. Video cameras are monitored 24/7 by the master control operator.

The facility administration considers a variety of factors when upgrading technology including primarily sight lines, blind spots and inaccessible areas. This information is discussed during the vulnerability assessment conducted throughout the year.

Policy 13.8.1

Map of facility with video monitoring

Interview with PREA Coordinator

Interview with PREA Manager

Interview with Director of Detention

Completed Vulnerability Assessments

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

SAYS Diversion Center refers all allegations regarding sexual assault to the the Houston County Sheriff’s Office/Dothan Police Department for criminal investigation purposes. The Sheriff’s Department and Dothan Police Department reports using the recommended uniform evidence protocol cited in the PREA standard. Flowers Hospital performs all sexual assault kits by SANE or SAFE medical staff. Southeast Child Advocacy Center provides an advocate for the resident to be present during the examination and questioning by officers. SAYS Diversion Center conducts an internal investigation of employee misconduct in conjunction with but not interfering with the law enforcement investigation.

Policy 13.8.1

MOU Southeast Child Advocacy Center

MOU Dothan Police Department

MOU Houston County Sheriff’s Department

MOU Flowers Hospital

Interviews PREA Coordinator

Interviews PREA Compliance Manager

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- x Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

SAYS Diversion Center policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation to appropriate investigative agency. The Dothan Police Department/Houston County Sheriff’s Department are the law enforcement agencies that conduct criminal investigations for the SAYS Diversion Center. SAYS conducts internal administrative investigations. The PREA policy is posted on the SAYS website. Allegations are also reported to the Alabama Department of Human Resources. Both agencies base their investigations based on the information provided by SAYS.

SAYS conducts a separate internal investigation of employee misconduct in conjunction with the law enforcement criminal investigation understanding that the criminal investigation is priority.

There have been no allegations of sexual abuse or harassment in the past 12 months. A resident housed at the SAYS Diversion Center did alert staff that they had been sexually assaulted at another program. SAYS notified the administrator of the facility in question and alerted the Alabama Department of Human Resources. The auditor was shown all the paperwork including the findings of the Department of Human Resources.

Policy 13.8.1

Policy 1.29.1

Interview with PREA Coordinator

Interview with PREA Manager

Standard 115.331 Employee training

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

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.

SAYS Diversion Center policy requires all new employees to be trained in PREA and Sexual Harassment. Refresher training is provided annually for all employees. A review of the training curriculum shows training on all specified PREA topics in the standard. Training is tailored to working in a facility that houses a co-ed population. Documentation shows that all staff have received the required training. Staff sign a PREA acknowledgement and the auditor viewed these in the 10 files pulled for review. During staff interviews it was evident they received and understood the training presented to them. Staff were aware of “red flags”, zero tolerance, mandatory reporting duties, first responder duties, etc.

Policy 13.8.1

Policy 4.3.1 Training

Training Curriculum

Staff Interviews

Staff files

Interview with PREA Coordinator

Standard 115.332 Volunteer and contractor training

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

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.

SAYS Diversion Center policy requires all volunteers and contract personnel who have contact with residents to receive PREA training. The training materials covers all the topics addressed in the standard and is geared toward the level of contact the individual has with residents. All volunteers and contract personnel receive training regarding the zero tolerance policy and reporting mechanisms available to them and the residents. All volunteers and contract personnel are required to sign a PREA acknowledgement statement stating they have received and understand the training provided to them. Interviews with contract personnel (teachers, medical staff) confirmed they received and understood the training presented.

Policy 13.8.1
Policy 4.3.1 Training
Training Documentation
Interviews with Contract Personnel
Interviews with PREA Coordinator
Interviews with PREA Manager
Interview Teacher
Interview Nurse

Standard 115.333 Resident education

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

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.

SAYS Diversion Center reports that 640 residents have been detained at the facility in the past 12 months . All residents were provided comprehensive age- appropriate information within 10 days of intake. All residents in SAYs were provided orientation materials during the

intake process. Staff interviewed indicated that the intake education normally happens during the intake admitting process and is followed by an indepth orientation during their first week of detention. Residents are provided a resident handbook and PREA handouts. These documents provide detailed information about PREA, the facility's zero tolerance policy, definitions of conduct, how the youth can protect him/herself and the various ways to report abuse and harassment. Residents sign they have been trained on each topic and understand the training they have received. Visually impaired youth are provided all PREA information orally from a staff member. The information is also provided in Spanish. The facility ensures key information about PREA is continuously and readily available and visible to residents. PREA posters are placed in all common areas with the abuse hotline number located on them. The hotline number is also located on the front of the envelope given to residents during the intake process which holds all their orientation material.

Interviews with residents confirm the policy and practice are followed. Residents were knowledgeable about their right to be free from sexual abuse and sexual harassment, reporting mechanisms and right to be free from retaliation. Residents confirmed they received information at the point of intake and attended a more indepth orientation within the first week of being detained.

Policy 13.8.1

Policy 5.1 Juvenile Orientation

Documentation of Resident Orientation

Resident Interviews

Staff Interviews

Interviews with PREA Coordinator

Interviews with PREA Compliance Manager

MOU Alabama Institute of Deaf and Blind

MOU Maria Montoya

Standard 115.334 Specialized training: Investigations

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

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.

SAYS refers all allegations of sexual abuse to the Dothan Police Department/Houston County Sheriff's Department for criminal investigations. Internal investigations are conducted by SAYS administrative staff. SAYS policy requires an internal investigation be conducted along with the criminal investigation. Internal investigations are conducted by SAYS administrative staff. SAYS policy requires an internal investigation be conducted along with the criminal investigation. The internal investigation is conducted by the PREA Coordinator who serves as the special investigator along with the SAYS legal representative and advocacy division. Training in Garrity and sexual abuse investigations involving juveniles is provided to investigators. No investigation will be terminated solely based on alleged victim recanting the allegation. Credibility is not based on the persons status as staff or resident. The internal investigation will be conducted to see if staff actions or failures to act contributed to the abuse. The information is documented and retained for as long as the alleged abuser is incarcerated or employed by the facility plus five years. Termination or resignation by a staff member alleged to have committed sexual abuse does not terminate the investigation.

Policy 13.8.1

Policy 1.29 Special Investigations Training

Policy 4.3.1 Training and Staff Development

Interview with PREA Coordinator

Standard 115.335 Specialized training: Medical and mental health care

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

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.

SAYS contracts with Dr. Jerlyn McCleod and RN Darlene Sims to provide on site medical care at the facility. The nurse sees residents daily and participates in the victimization/assaultiveness screening process. She is on call 7 days a week. No sexual abuse examinations are conducted by the contract physician or nurse. All sexual abuse exams are conducted by the medical staff at Flowers Hospital. Contracted medical staff at SAYS are provided in-depth PREA training and this training is documented and signed. Counselors are employed by the facility and receive annual training on PREA like all other employees. The training for both the contracted medical staff and in-house counselors include the zero tolerance policy, signs of sexual abuse and harassment, how to preserve physical evidence, responding effectively and professionally to juvenile victims, and reporting mechanisms. All training is documented and maintained by the PREA Manager.

Policy 13.8.1

Policy 15.1

Training Records

Interviews with Counseling Staff

Interview with Nurse

MOU Flowers Hospital

Interview with PREA Coordinator

Interview with PREA Manager

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

SAYS policy requires that all residents have a vulnerability assessment conducted within 24 hours of entering the facility. The nurse is responsible for conducting the assessment to protect the confidentiality of the resident. The facility reports that 640 residents were detained in the past 12 months and were screened for victimization/abusiveness. The screening instrument is very thorough and gathers a wealth of information that is used to determine housing and programming needs.

The SAYS screening instrument covers all eleven topics detailed in the standard. The facility has implemented appropriate controls for dissemination of the information to protect the residents confidential information. Completed screening instruments are placed in the residents file and kept locked in the PREA Compliance Manager's office

Policy 13.8.1 (pg 8-11)
Vulnerability Screening Instrument
Interview with Nurse
Interview with Residents
Interview with Staff
Interview with PREA Manager
Interview with PREA Coordinator

Standard 115.342 Use of screening information

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

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.

SAYS policy requires that all information gathered during the vulnerability assessment be used to ensure appropriate housing and programming are assigned for each resident as well as security or protective precautions that need to be required to ensure a resident's sexual safety. The PREA Coordinator and PREA Manager are notified of any youth who is at risk of victimization or at risk of predatory behavior and ensures appropriate precautions are taken.

SAYS policy allows isolation only as a last resort when all less restrictive means have been exhausted. During isolation residents receive the same or as close to the same programming as other residents in the facility. The PREA Compliance Manager monitors residents on isolation to ensure their needs are being met and re-evaluates no less than every 30 days their need for isolation.

SAYS policy prohibits placing LGBTI residents in a particular housing unit and does not consider their LGBTI status as an indicator of being sexually abusive. If the facility were to receive a transgender or intersex resident their housing and programming assignments would be determined on an individual basis based on their risks/needs and feeling of personal safety.

Policy 13,8.1 (pg 8-12)
Policy 3.7.3
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Staff

Standard 115.351 Resident reporting

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

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.

SAYS policy provides residents with multiple internal and external ways to report abuse and sexual harassment, retaliation and staff neglect. Residents receive education about reporting during the intake process and comprehensive orientation process within 10 days of being detained. The information is also available on posters through-out the facility in both Spanish and English. Reporting methods include: telling a staff member, medical staff, teacher, volunteer, PREA Compliance Manager, calling the PREA Hotline, submitting a grievance, having a third party submit a complaint. The facility provides the resident with access to pencils and other tools to make a written report. Residents also have access to their parent/legal guardian during visitation and weekly phone calls. Residents may contact their attorney, DHR worker, advocate, etc. Interviews with staff and residents clearly demonstrate that all are very knowledgeable about PREA and the variety of methods to report sexual abuse, harassment, retaliation and staff neglect in the facility.

Policy 13.8.1

Resident files

Resident Interviews

Resident Handbook

Resident Orientation Information

Staff Interviews

Interview with PREA Compliance Monitor

Interview with PREA Coordinator

Posters

Third party Reporting Form

Facility website

Resident Grievance Form

Standard 115.352 Exhaustion of administrative remedies

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR.

The facility has a formalized grievance policy with no time limits placed on filing issues related to sexual abuse or sexual harassment. Residents do not have to attempt to resolve the grievance informally prior to making allegations of sexual abuse or sexual harassment. If a resident is at substantial risk of sexual victimization this will be handled immediately upon notification of such. The grievance process is clearly documented in the resident handbook. Residents are provided a grievance form in their orientation packet. Residents may also call the PREA hotline to report all allegations as well. Third party reports are also accepted and investigated.

Policy 13.8.1 (pg8-9)

Resident Handbook

Resident Interviews

Staff Interviews

Orientation material

Grievance Procedure/form

PREA Audit Report

Standard 115.353 Resident access to outside confidential support services

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility.

Residents are given the ability to contact the Rape Crisis Center Hotline at anytime; the phone number is displayed throughout the facility and the conversation is not monitored. Residents who allege sexual assault are seen by in house counselors as well as counselors and advocates at the Southeast Alabama Child Advocacy Center. An advocate will be available to residents during the sexual assault exam and during questioning by law enforcement.

Residents at the facility are provided access to their parents/legal guardians via telephone, letters and visitation. Residents may also call or write their attorney’s.

Policy 13.8.1

MOU CAC

Posters Rape Crisis Hotline

Resident Handbook

Orientation Material

Parent Handbook

Resident interviews

Staff Interviews

Interview with PREA Compliance Monitor

Interview with PREA Coordinator

Standard 115.354 Third-party reporting

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

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.

SAYA grievance policy allows third party individuals to assist the resident in filing a PREA related grievance. Parents, legal guardians, attorney's and other residents may file a grievance alleging the sexual abuse or sexual harassment of a resident. Residents are provided this information in their handbook as well as during the orientation process. SAYS website also provides third party reporting forms to report allegations of sexual abuse or sexual harassment. The information is also found in the parent handbook.

Policy 13.8.1
Resident handbook
Resident orientation material
Parent handbook
Interview with PREA Compliance Manager
Interview with PREA Coordinator

Standard 115.361 Staff and agency reporting duties

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

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.

SAYS policy requires staff to immediately report any suspected or alleged abuse, sexual harassment or neglect to their supervisor or administrative staff. Staff are mandatory reporters and receive training in their duties upon employment and annually thereafter. Retaliation of those who report sexual abuse, sexual harassment or neglect is not tolerated and will be dealt with up to and including termination. Staff may also report to the police, PREA Hotline, Department of Human Resources etc. Medical and teaching contractors are also mandatory reporters and must report any suspected or alleged sexual abuse, sexual harassment, or neglect. Upon receiving an allegation the Executive Director shall promptly report it to the proper investigative staff/authorities. The Director must also notify parent/legal guardian unless the facility possess legal documentation they are not to be notified. The allegations shall be reported to the victims attorney within 14 days as well as their case worker. If SAYS learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The PREA Compliance Manager and PREA Coordinator will be notified as soon as possible.

Policy 13.8.1
Policy 1.11
Policy 1.11.1
Code of Alabama 26-14-3
Staff Interviews
Interviews with PREA Coordinator
Interviews with PREA Compliance Manager

Standard 115.362 Agency protection duties

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

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.

If SAYS learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The PREA Compliance Manager and PREA Coordinator will be notified as soon as possible. Interviews with PREA Coordinator, first line supervisors and PREA Compliance Manager clarified what actions would be taken to ensure resident safety.

Policy 13.8.1

Interview PREA Compliance Manager

Interview PREA Coordinator

Interview First-line Supervisors

Standard 115.363 Reporting to other confinement facilities

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was forwarded the facility in question administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility during the on-site visit by the auditor.

Policy 13.8.1 (pg 15)

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Standard 115.364 Staff first responder duties

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was forwarded to the facility in questions administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility at the time of the auditor's on-site visit.

During staff interviews it was evident to the auditor that they were well versed on the duties of a first responder and had created an acronym SSN to remember the basic steps (Separate, Secure and Notify). Staff knew the importance of preserving the crime scene and described the procedure for locking the door or roping off the area allowing no one other than law enforcement to enter the area. Staff also describe what steps they would take to secure the evidence that may be located on the victims and alleged perpetrators person (do not use the restroom, do not shower, do not drink or eat, do not brush teeth or rinse out mouth and do not change clothing.) Staff and contractors understood the differentiation between the duties of "security" and "non-security" staff and their roles as such.

Policy 13.8.1(pg. 15)

Interviews with Staff

Interviews with Teachers

Interviews with Nurse

Interviews with PREA Coordinator

Interviews with PREA Compliance Monitor

Training Curriculum

Standard 115.365 Coordinated response

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

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.

SAYS Diversion Center has a written institutional plan that clearly identifies the coordinated response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators and facility leadership.

Policy 13.8.1

SAYS Written Institutional Plan

Staff Training

MOU CAC

MOU Houston County Sheriff's Department/Dothan Police Department

MOU Flowers Hospital

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

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

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.

This standard is not applicable to the SAYS Diversion Center as they do not enter into collective bargaining agreements and all employees are ‘at will’ employees.

Standard 115.367 Agency protection against retaliation

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was forwarded to the facility in questions administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility at the time of the auditors on-site visit.

There have been no reports of incidents of retaliation during the past 12 months that was known or suspected. Policy clearly dictates retaliation in any form will not be tolerated and will be considered grounds for up to termination. The PREA Coordinator appoints a staff member to monitor retaliation along with himself and the PREA Compliance Monitor to ensure staff or residents are not retaliated against for making a report. Monitoring last for at least 90 days or longer if required. Disciplinary reports are monitored along with employee service ratings, job assignments program changes etc. For residents monitoring also includes periodic status checks.

Policy 13.8.1

Policy 1.29.3

Interviews with Staff

Interviews with Residents

Interviews with PREA Coordinator

Interviews with PREA Compliance Monitor

Standard 115.368 Post-allegation protective custody

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually

assaulted while housed at another facility. The information was forwarded to the facility inquisitions administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility at the time of the auditors on-site visit.

No resident has been placed on isolation in the past 12 months for post allegation protective custody. In the event a resident was placed on isolation for this purpose possible options would have been exhausted to assure the residents safety. Their isolation would be monitored by the PREA Compliance Monitor and evaluated no less than every 30 days to see if the resident could return to general population. The PREA Compliance Monitor would also ensure the resident received the required programming.

Policy 13.8.1

Interview with PREA Coordinator

Interview with PREA Compliance Monitor

Standard 115.371 Criminal and administrative agency investigations

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

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.

SAYS conducts administrative agency investigations but does not conduct criminal investigations. Criminal investigations are conducted by the Dothan Police Department/Houston County Sheriff’s Office. SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was forwarded to the facility inquisitions administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility at the time of the auditors on-site visit.

The agency’s policy dictates the internal investigative procedure. Internal investigations are conducted by SAYS administrative staff. SAYS policy requires an internal investigation be conducted along with the criminal investigation. The internal investigation is conducted by the PREA Coordinator who serves as the special investigator along with the SAYS legal representative and advocacy division. Training in Garrity and sexual abuse investigations involving juveniles is provided to investigators. No investigation will be terminated solely based on alleged victim recanting the allegation. Credibility is not based on the persons status as staff or resident. The internal investigation will be conducted to see if staff actions or failures to act contributed to the abuse. The information is documented and retained for as long as the alleged abuser is incarcerated or employed by the facility plus five years. Termination or resignation by a staff member alleged to have committed sexual abuse does not terminate the investigation.

Policy 13.8.1

Policy 1.29

Policy 1.29.1

MOU Dothan Police Department/Houston County Sheriff’s Department

Interviews with PREA Coordinator

Interviews with PREA Compliance Manager

Training Documentation

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

It is the policy of SAYS that no higher standard of proof be imposed than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy 13.8.1.

Standard 115.373 Reporting to residents

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility. This allegation was made through a third party report by a fellow resident.

Because there have been neither allegations nor investigations, the auditor was unable to review any notification documentation for this standard. The agency’s PREA policy is consistent with this PREA standard and interviews with the PREA Coordinator and Manager confirm a practice that demonstrates compliance.

Policy 13.8.1

Interview with PREA Coordinator

Interview with PREA Manager

Standard 115.376 Disciplinary sanctions for staff

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility's administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility at the time of the on-site visit.

There have been no staff disciplined for violations of the facility's sexual abuse or sexual harassment policies in the past 12 months. There have been no staff reported to law enforcement or licensing authority for violating agency policies regarding PREA. The facility's policy requires that staff be subject to disciplinary action up to and including termination for violations of sexual abuse, sexual harassment, sexual misconduct and retaliation. The presumptive disciplinary action for sexual abuse is termination.

Policy 13.8.1

Policy 1.29

Policy 1.29.2

Interviews with PREA Compliance Manager

Interviews with PREA Coordinator

Interviews with Director of Detention

Standard 115.377 Corrective action for contractors and volunteers

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

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.

The SAYS Diversion Center reports that there have been no reports of volunteer/contractors reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse or harassment of residents. Interviews with the facility PREA Coordinator and Manager indicate practice of SAYS conforms with the standard.

Policy 13.8.1

Policy 1.29

Policy 1.29.2

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Standard 115.378 Disciplinary sanctions for residents

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

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.

SAYS policy prohibits any type of sexual activity between residents as well as any form of sexual harassment. SAYS Diversion Center report that in the past 12 months there have been no administrative findings of resident-on-resident sexual abuse in the facility. No resident has been disciplined for resident-on-resident sexual abuse or sexual activity in the past 12 months.

Policy 13.8.1 states that a juvenile subject to disciplinary sanctions by a disciplinary committee only pursuant to a formal disciplinary process following an administrative finding that they engaged in resident on resident sexual abuse or following a criminal finding of guilt for resident on resident sexual abuse. The policy also outlines the criteria disciplinary sanctions are based on along with the requirements regarding isolation. Therapy and counseling designed to address the behavior is discussed as part of the intervention process. No resident will be disciplined for sexual contact with staff unless it is found that the staff did not give consent. Any report made by a resident in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying even if an investigation does not substantiate the allegation.

Policy 13.8.1 (pg 22-23)

Interviews with PREA Compliance Manager

Interviews with PREA Coordinator

Resident Handbook

Orientation Information

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

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

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.

SAYS policy provides for resident who report being sexually victimized whether in an institutional setting or in the community the opportunity to meet with a medical and/or mental health professional within 14 days after intake. Resident are seen by the nurse within 24 hours of being admitted. The nurse conducts the vulnerability assessment during the initial exam. Residents can request to see the nurse at any time. Counselors are on staff to speak with residents regarding any prior victimization or abusive behavior. Agency policy and practice ensure confidentiality of information received.

Policy 13.8.1

Vulnerability Assessment

Interview with Nurse

Interview with Counselor

Interview with residents

Interview with PREA Coordinator

Interview with PREA Compliance Manager

Standard 115.382 Access to emergency medical and mental health services

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility.

Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims would be transported to Flowers Hospital where a SANE medical exam would be conducted. Medical services would be provided at no charge to the victim. Southeast Alabama Child Advocacy Center provides an advocate for the resident.

Policy 13.8.1
 Staff Interviews
 Interview with PREA Coordinator
 Interview with PREA Compliance Manager
 MOU Flowers Hospital
 MOU CAC

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

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYS filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility.

Agency policy requires that resident victims receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Flowers Hospital where SANE medical treatment and crisis intervention. Residents are provided advocates by the Child Advocacy Center. Residents receive prophylaxis for STI’s and pregnancy prevention for female residents at no cost no matter if the resident names the abuser or cooperates with the investigation.. If pregnancy results female residents are provided with timely and comprehensive information about access to all lawful pregnancy-related medical services. Follow up treatment for all residents

is provided by the facility and the CAC for both medical and mental health needs. Medical and mental health treatment is consistent with the community level of care.

Policy dictates that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such an abuse history and offer treatment when deemed appropriate by mental health care providers.

Policy 13.8.1

Interviews with PREA Coordinator

Interviews with PREA Compliance Manager

Interview with Nurse

MOU Flowers Hospital

MOU CAC

Interview with counselors

Standard 115.386 Sexual abuse incident reviews

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

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.

SAYS reports there have been no reports of sexual abuse or sexual harassment against the facility and no grievances or emergency grievance have been filed alleging sexual abuse or sexual harassment in the past 12 months. One resident stated they had been sexually assaulted while housed at another facility. The information was given to that facility’s administrator and SAYs filed a report with the Alabama Department of Human Resources. All documentation was provided to the auditor including the findings by DHR. This resident was no longer in the custody of the facility.

While there have been no sexual abuse allegations in the past 12 months against the facility policy dictates a Sexual Abuse Critical Incident Review be conducted 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. The SACIRT is made up of facility administrators, line staff, supervisors, medical and mental health staff and the PREA Coordinator and Compliance Manager. This review will occur within 30 days of the conclusion of the investigation and consider if the allegation was motivated by race, ethnicity, gender identity, gang affiliation or other group dynamics. It will also examine if staffing, physical barriers, monitoring technology could have prevented the act. A report is prepared and submitted to the Detention Services Director and Executive Director. The facility shall implement the recommendations for improvement or document the reasons for not doing so.

Policy 13.8.1

Interviews with PREA Coordinator

Interviews with PREA Compliance Manager

Interviews with Supervisors

Interviews with staff

Interviews with Nurse

Interviews with counselors

Interviews with Detention Services Director

Standard 115.387 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

SAYS collects accurate, uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ Form SSV-JJ Survey of Violence Incident Report. The agency PREA Coordinator prepares the data report for the facility and posts it on the website removing any identifying information.

Policy 13.8.1(pg. 25-26)
 Pre-Audit Questionnaire
 Interview with PREA Coordinator
 Interview with PREA Compliance Monitor
 Facility website

Standard 115.388 Data review for corrective action

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

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.

SAYS policy dictates the PREA Coordinator shall review annually data collected and aggregated in order to assess and improve the effectiveness of the SAYS sexual abuse prevention, detection, response policies and practices and training. The annual report shall include a comparison of the current years’s data and corrective actions with those from prior years and provide an assessment of the progress in addressing sexual abuse. A annual PREA report shall be approved by the Executive Director and made readily available to the public through the website. All identifying information from reports will be redacted.

Policy 13.8.1 (pg. 26-27)
 Annual Data Review
 Annual PREA Facility Report
 Policy 11.4.1
 PREA Annual Report
 Interview with PREA Coordinator
 Interview with acting Executive Director
 Facility website

Standard 115.389 Data storage, publication, and destruction

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

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.

SAYS policy dictates all data is securely retained in the PREA Coordinator’s office. The aggregated sexual abuse data is made readily available on the facility’s website annually after removing all personal identifiers. Sexual abuse data is maintained for at least 10 years after the date of its initial collection.

Policy 13.8.1
 Interviews with PREA Coordinator
 Facility website
 Pre-Audit Questionnaire

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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Auditor Signature

Date