

PREA Facility Audit Report: Final

Name of Facility: Southeast Alabama Youth Services Diversion Center

Facility Type: Juvenile

Date Interim Report Submitted: 01/09/2023

Date Final Report Submitted: 08/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kimberly Harden	Date of Signature: 08/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Harden, Kim
Email:	k_harden@bridgeinc.org
Start Date of On-Site Audit:	11/21/2022
End Date of On-Site Audit:	11/23/2022

FACILITY INFORMATION	
Facility name:	Southeast Alabama Youth Services Diversion Center
Facility physical address:	2850 Horace Shepard Drive , Dothan , Alabama - 36303
Facility mailing address:	2856 Horace Shepard Drive, Dothan, Alabama - 36303

Primary Contact	
Name:	Kaycie Ludlam
Email Address:	kayciel@saysdothan.com
Telephone Number:	334-983-8377

Superintendent/Director/Administrator	
Name:	Tabitha Brannon
Email Address:	tbrannon@saysdothan.com
Telephone Number:	334-983-8377

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Darlene Sims
Email Address:	ddillard@saysdothan.com
Telephone Number:	334-983-5031

Facility Characteristics	
Designed facility capacity:	49
Current population of facility:	30
Average daily population for the past 12 months:	23
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	12-18
Facility security levels/resident custody levels:	Maximum Security/Parent, Legal Guardian, AL DHR, ADYS
Number of staff currently employed at the facility who may have contact with residents:	27
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:	0

AGENCY INFORMATION

Name of agency:	Southeast Alabama Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	2850 Horace Shepard Drive , Dothan , Alabama - 36303
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Kaycie Ludlam	Email Address:	kayciel@saysdothan.com
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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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-21
2. End date of the onsite portion of the audit:	2022-11-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I confirmed through the agencies with signed MOUs with the facility that no reports have been received concerning sexual abuse and harassment. I communicated with DHR and confirmed no reported incidents. I also emailed Just Detention International and confirmed no reports were received. I additionally completed an online search with the facility and agency's name and returned no news articles related to incidents of sexual abuse or harassment linked to them.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	49
15. Average daily population for the past 12 months:	23
16. Number of inmate/resident/detainee housing units:	4

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>25</p>
<p>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</p>	<p>25</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There was one juvenile who discharged prior to the auditor arriving at the facility during the corrective action onsite visit who was LEP. I was unable to interview the youth but was able to review the resident records for supporting documentation. The facility did not have a system for tracking the numbers asked in this portion of the report during the original audit process. The PREA Coordinator is now aware of the need to track and monitor this data and has captured the information in the new screening form for sexual abuse and sexual aggression. The numbers reported were disclosed to me through onsite resident and staff interviews.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>25</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Contractors included the teachers and mental health providers that worked with the detainees on a daily basis in supportive programming.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

14

54. 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

If "Other," describe:

Other items that influenced the choice to interview specific residents included information received about special populations that were identified for special interview protocols.

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

The numbers included in this section include the interviews from the original onsite audit, as well as the corrective action onsite phase of the audit.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I was provided an initial list of residents that only contained the names of the residents and the gender. Upon request, I was given a list of residents based on the housing units. From that list I counted by three's and chose every third person. At times I skipped to the next person in order to get a random sample of male and female detainees, as well as a random sample of detainees from each housing unit. Two residents were chosen specifically based on the special population protocols.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>14</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were no residents with a physical disability during the onsite portions of the audit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were no residents with a cognitive or functional during the onsite portions of the audit.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were no blind or low vision residents during the onsite portions of the audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were deaf or hard of hearing residents during the onsite portions of the audit.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were no disabled or limited English proficient residents during the onsite portions of the audit. One detainee discharged prior to the arrival of the auditor during the corrective action onsite portion of the audit. The LEP resident's record was reviewed for supporting documentation.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records, investigative reports, and intake screening forms supported there were no residents who reported a sexual abuse during the onsite portions of the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the resident records and intake screening forms supported there were no disabled residents placed in segregated housing during the onsite portions of the audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Early on in the audit process, the facility did not have a clear way to obtain and track the information needed to identify the target populations. As part of the corrective action process, the facility updated the intake and screening form which allowed the facility to identify target populations going forward.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I received a list of employees on the day I arrived at the facility. I highlighted the roster based on shift assignment and gender of the staff. I then chose every second person to interview and skipped to the next staff member until I had a random sample of staff who were available during the onsite visit and allowed for a thorough sampling of all shifts, positions, and housing assignments.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	I had a list of the specialized interview protocols and sat with the PREA Coordinator on the first day and identified who filled those roles. I then incorporated those interview protocols into the staff interviews that were conducted.

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>I spoke with the Master Control staff who monitored the video technology, answered the phones, completed the resident mail procedures, and managed the resident records. I spoke with maintenance and food service staff as part of the interviews. I watched the shower procedures for the female unit. I tested the intake procedures, the phone and kiosk procedures, and the grievance and reporting process. I observed an online court proceeding with a detainee. I observed placement of signage and grievance boxes. I observed the training logs and informally interviewed a new hire who was participating in the new hire training process.</p>
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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.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>I chose resident and staff records based on the completed interview protocols. In addition, I chose records that supported special populations or incidents identified as part of the onsite interview process. Some of the records reviewed resulted from the audit's corrective action phase because the information was not readily available during the original onsite visit.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	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.

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

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

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

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

98. 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 reported incidents of sexual abuse or harassment during this audit cycle.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reported incidents of sexual abuse or harassment during this audit cycle.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reported incidents of sexual abuse or harassment during this audit cycle. I did review a client grievance of staff misconduct and the investigative file associated with it. The incident was disclosed during the resident and staff interviews.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. 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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.311</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault (and corrective action updates) * Organizational Structure * PREA Coordinator interview * Agency Head interview * Training logs for the PREA Coordinator and PREA Compliance Manager <p>Reasoning and analysis (by provision):</p> <p>115.311 (a): An agency shall have a written policy mandating zero</p>

tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The agency has developed a policy, SAYS PREA Policy 13.8.1, Protection from Sexual Abuse and Assault. The facility policy and PREA definitions can be found on pages 1-4, and the procedures are outlined on pages 4-26, which also includes a list of the applicable forms to be used in the day-to-day practices of the facility staff. During the onsite portion of the audit, it was discovered that some of the practices noted in this policy, especially concerning the screening process pursuant to 115.341, needed to be updated. The auditor and the PREA Coordinator reviewed critical aspects of the PREA standards that were missing from this policy, and the policy was requested to be updated.

Findings:

The facility has the required policy for standard 115.311. However, the policy needs to be updated to include missing items found as part of the ongoing audit process. The facility was found to be in non-compliance with this provision of standard 115.311.

Corrective action:

Update SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault to include the missing items as discussed in standard 115.341.

Final Findings:

As part of the corrective action, the PREA Coordinator worked with agency staff to review daily PREA practices as it relates to sexual abuse and sexual harassment safety. The PREA Coordinator and the Superintendent completed online webinars found on the PRC website and other relevant resources to assist in increasing their knowledge of preventing, detecting, and responding to sexual and sexual harassment. The PREA Coordinator provided additional training to staff related to screening practices and the intake process, as evidenced by the training sign-in logs. The policy updates included missing language surrounding resident screening processes, as well as screening updates throughout the placement. A full discussion can be found in the standard review for 115.341.

The facility was in compliance with this provision of standard 115.311.

115.311 (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The agency provided a copy of the current organizational structure that shows the PREA Coordinator is an upper-level agency staff who reports directly to the Executive Director. The PREA Coordinator shared in the interview process that her primary duties include all agency compliance activities, including audit compliance

for the PREA standards as well as compliance with the other agency's certifying standard requirements. The PREA Coordinator indicated that she had enough time to fulfill her duties, although, at the time of the onsite audit, she shared that the agency had just opened another facility, and she had two certifying audits happening at the same time that was dividing her attention. The PREA Coordinator shared that she has the position and authority to develop and implement PREA policy and procedures for the agency.

Findings:

The facility was in compliance with this provision of standard 115.311.

Recommendations only:

The PREA Coordinator would benefit from more training and resources as it relates to her role in preventing, detecting, and responding to sexual abuse and harassment in her agency. The auditor shared resources on the PREA Resource Center website with the Coordinator, including webinars, FAQs, PREA Standards in Focus, and the monthly newsletter to assist her in understanding her role in overseeing the sexual safety of the detainees in her facility.

Final Findings:

During the corrective action period, the PREA Coordinator participated in extensive training events to increase her knowledge of PREA, including but not limited to the PRC's PREA Coordinator training and an investigator training to support her role in the facility. The PREA Coordinator and the auditor met biweekly throughout the corrective action period and reviewed resources, and consulted on the issue log needs. The PREA Coordinator used the resources available to her and sought additional resources from her supervisor as needed. The Agency Head provided the items needed, such as additional staffing resources and outside training resources, to help promote a culture of sexual safety in the facility.

The facility was in compliance with this provision of standard 115.311.

115.311 (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

At the time of the audit, the agency did not staff a PREA Compliance Manager. At the start of the audit, the agency only had one facility that was governed by the PREA standards. However, during the onsite portion of the audit, the PREA Coordinator shared the agency had just opened a new facility that would fall under the PREA standards. The PREA Coordinator and the Agency Head were both informed by the auditor that the opening of the new facility would require a PREA Compliance Manager position to be added to each facility within the organizational structure.

Findings:

	<p>At the beginning of the audit, a PREA Compliance Manager position was not required as the agency only had one facility that fell under the PREA standards. However, at the time of the onsite audit, a new facility had been added to the agency that now requires the addition of a PREA Compliance Manager position.</p> <p>Corrective action:</p> <p>With the addition of the new facility, the agency will need to add a PREA Compliance Manager position to each facility to coordinate the facilities' efforts to comply with the PREA standards.</p> <p>Final Findings</p> <p>During the corrective action period of the facility audit, the Superintendent of the facility was assigned as the PREA Compliance Manager. During the corrective action period's onsite interviews, The PREA Compliance Manager shared about the training opportunities and regular meetings that he had participated in with the PREA Coordinator. He shared that since the previous onsite audit, he had seen significant changes within the facility related to policy and practice for his staff and him. He communicated changes related to the intake and screening process, changes to the training process and training resource manual, and changes to supervision and documentation requirements. He reported that he felt he had the time and authority to manage his daily duties and assist in the implementation efforts to comply with the PREA standards.</p> <p>The facility was in compliance with this provision of standard 115.311.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * Agency's Contract Administrator interview * PREA Coordinator interview <p>Reasoning and analysis (by provision):</p> <p>115.312 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p>

	<p>In the initial review of the PAQ, the PREA Coordinator indicated that the facility had one contract with another agency for the confinement of its residents. However, when completing the Agency Contract Administrator and PREA Coordinator interviews, it was discovered that the agency does not contract with other agencies to confine its residents. SAYS does house detainees from other surrounding counties. The Agency Head reported that all detainees in this facility are monitored using the PREA policies, guidelines, and standards.</p> <p>Findings:</p> <p>This standard is not applicable as the facility does not contract with other agencies to confine their residents.</p> <p>115.312 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The Agency Contract Administrator reported in her interview that should the agency enter into a contract with another agency to confine their residents; she would ensure that the contractor is complying with the PREA standards as a part of that contract.</p> <p>Findings:</p> <p>This standard is not applicable as the facility does not contract with other agencies to confine their residents.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.313</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 3.8 Staff Ratios (including corrective action updates) * SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault (including corrective action updates) * Staff Schedule 1 * Active staff roster * Active resident roster is broken down by unit * Daily Employee Report

- * Q10 monitoring logs
- * Master Control daily logs
- * SAYS Form 115.313 Supervisory Monitoring Log
- * SAYS Form 115.313.a/115.313.b Secure Facility Vulnerability Assessment
- * Superintendent interview
- * PREA Coordinator interview
- * Agency Head interview
- * Intermediate or Higher-Level Facility Staff interview
- * Random Staff interviews
- * Resident interviews
- * Staffing Plan
- * Staffing Plan Deviation Form
- * Staffing Plan Deviation Form implementation memo
- * SAYS PREA Policy 3.1 Recruitment and Selection

Reasoning and analysis (by provision):

115.313 (a): The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

The PREA Coordinator and Agency Head could not provide a specific staffing plan that meets the criteria set forth in 115.313 (a.). During the interview, the PREA Coordinator shared that the weekly staffing schedule is how they monitor the supervision needs of the facility. The auditor shared the PRC FAQs that are related to

standard 115.313 with the PREA Coordinator (with special emphasis on September 23, 2014 FAQ). The PREA Coordinator, facility Superintendent, and Random Staff were all able to quote the 1:8 and 1:16 ratio requirements during the respective interviews. The staff felt they were in compliance based on the number of staff on the schedule for each shift. The Superintendent shared how he was able to provide extra supervision on his shifts and that he was not counted in the ratio. The auditor noted during the onsite walk through the facility is set up in an open circular floor plan. The Master Control is in the center of the facility and is the hub of the detention center supervision and programming. The Superintendent's office is also located in the main center section of the facility where the detainees are housed, and he is constantly walking and providing assistance to the staff in their daily activities. There are 4 units (labeled A, B, C, and D). Housing unit A has 12 cells, all single occupancy. Housing unit B has 10 cells, all single occupancy. Housing unit C has 6 cells, 2 single and 4 double occupancy. Housing unit D has 12 cells, 10 single and 2 double occupancy. The facility uses cameras to monitor each hall and the indoor and outdoor programming areas (such as the classrooms, rec rooms, and outdoor play area). The cameras are monitored live by Master Control staff on all shifts and are available for playback in case of an incident review. The cameras do not include sound recording. The staff reported while onsite that the protocol is to keep detainees in single occupancy cells if the census allows for it, but if the census increases, double occupancy cells are a 'privilege' for higher-level detainees who have shown positive behaviors and leadership in the facility. This was supported by the resident interviews, and the detainees further shared that having a roommate was an earned privilege because having someone to bunk with 'made the time pass faster because they had someone to talk to.' The random staff interviews reported the detainees are on documented 15-minute checks, with special Q10 checks (10 minutes) when risk is involved, including double occupancy room assignments. Documentation of the Q10 checks was provided onsite to support these reviews. A review of the Master Control daily logs shows the daily detainee count and staff ratio count is logged, as well as the program activities, visitors, and movement of the detainees throughout the day. While the specific ratio requirements were not met in this standard, the auditor did observe the staff understood their role is to detect, prevent and report sexual abuse, as evidenced by the staff's ability to communicate the supervision requirements and provide specific examples of how the staff monitor detainees and support each other in the daily programming and oversight of the youth. Random Staff interviews and Higher Level Staff interviews demonstrated how staff recognizes the strengths and limitations of their current staffing plan, as two staff specifically requested that an extra female staff member be added to the schedule to support the extra female unit due to an increase in the female detainee census. During the onsite review of the facility, the auditor observed blind spots in external storage buildings and an external modular building used for the education staff to have a breakroom. However, both areas were not accessible without keys that only the supervisors had; both areas required Master Control to open external doors to exit the facility, and both areas had cameras that showed people entering and exiting the modular buildings.

Findings:

The facility was found to be in non-compliance with this standard provision.

Corrective action:

The facility needs to create a staffing plan and show annual reviews of the plan as outlined in standard provision 115.313 (a.).

Final Findings:

During the corrective action period, the PREA Coordinator, the Clinical Coordinator, and the Superintendent worked together to review the current staffing patterns of the facility as it relates to the 11 vital components of this provision of standard 115.313. A written Staffing Plan was created that will be reviewed in October during the annual budget reviews by the Agency Head. As part of the development of the Staffing Plan, the PREA Coordinator created a Staffing Plan Deviation Form and reviewed how and when to complete the documentation with the facility staff. During the corrective action phase, the PREA Coordinator, the Clinical Coordinator, and the auditor consulted on the staff's concerns at the original onsite audit as it related to having additional female staff on shift when the population required female detainees to be placed in an additional hall of the facility. The PREA Coordinator communicated the Staffing Plan Deviation Form would be used in events like this to assist in documenting, tracking, and communicating to administrative staff when additional female staff is needed.

The facility was found to be in compliance with this provision of standard 115.313.

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

Upon review of FAQ 115.313 from October 3, 2017, the auditor determined the facility was not in compliance with the staffing plan. At the time of the onsite audit, the facility had 40 residents in confinement. The A housing unit is the unit that is designated as the female unit. However, the facility had an unusually larger number of female detainees and was also using housing unit C as a female unit overflow. There were 15 active female residents. One female staff member was assigned to monitor both housing units, and one female staff member was working in Master Control, monitoring the cameras, entry, and exit to the facility. Therefore, the facility had a direct 1:15 staff-to-detainee ratio during the awake hours on the female units. During the random staff interviews, two different staff members specifically asked for at least one more female staff on the unit to help with the day-to-day programming and supervision of detainees. The staff reported that supervision can get 'pretty tight' when trying to run showers or when a behavioral incident occurs that needs another staff to assist with intervention. The daily staffing schedule posted for Youth Service Workers had 5 staff (which is a 1:8 ratio) during the day and 4 staff (which is a 1:10 ratio) during the sleeping hours. However, one of the staff members ran Master Control, which required the other staff to move from unit to unit to support each other. The facility did not have documentation that showed deviations from the plan, as the facility staff in charge of the schedule felt they were

in compliance with the staffing plan.

Findings:

The facility was not found to be in compliance with the staffing ratio as outlined in this standard provision.

Corrective action:

The staffing ratio requires a 1:8 ratio in each unit where youth monitoring occurs. Administrative staff and staff assigned to duties that do not include supervision of detainees cannot be included in the ratio counts. Review the PRC FAQs for standard 115.313 for advisement on the staffing plan requirements. The facility needs to develop specific documentation and train staff on how to document when they are out of compliance with the staffing plan during limited and discrete exigent circumstances.

Final Findings:

During the corrective action period, the PREA Coordinator, the Clinical Coordinator, and the Superintendent worked together to review the current staffing patterns of the facility as it relates to the 11 vital components of this provision of standard 115.313. A written Staffing Plan was created that will be reviewed in October during the annual budget reviews by the Agency Head. As part of the development of the Staffing Plan, the PREA Coordinator created a Staffing Plan Deviation Form and reviewed how and when to complete the documentation with the facility staff. During the corrective action phase, the PREA Coordinator, the Clinical Coordinator, and the auditor consulted on the staff's concerns at the original onsite audit as it related to having additional female staff on shift when the population required female detainees to be placed in an additional hall of the facility. The PREA Coordinator communicated the Staffing Plan Deviation Form would be used in events like this to assist in documenting, tracking, and communicating to administrative staff when additional female staff is needed.

The facility was found to be in compliance with this provision of standard 115.313.

115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

SAYS PREA Policy 3.8 Staff Ratios says, "Southeast Alabama Youth Services facilities shall maintain a staffing ratio of a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented." The policy further defines the

"Security Staff Member – Youth Service Supervisor, Youth Service Worker, Therapist, and Residential Worker." The policy exceeds the PREA ratio for sleep ratio. However, upon review of FAQ 115.313 from October 3, 2017, the auditor determined the facility was not in compliance with the staffing plan. At the time of the onsite audit, the facility had 40 residents in confinement. The A housing unit is the unit that is designated as the female unit. However, the facility had an unusually larger number of female detainees and was also using housing unit C as a female unit overflow. There were 15 active female residents. One female staff member was assigned to monitor both housing units, and one female staff member was working in Master Control, monitoring the cameras, entry, and exit to the facility. Therefore, the facility had a direct 1:15 staff-to-detainee ratio during the awake hours on the female units. During the random staff interviews, two different staff members specifically asked for at least one more female staff on the unit to help with the day-to-day programming and supervision of detainees. The staff reported that supervision can get 'pretty tight' when trying to run showers or when a behavioral incident occurs that needs another staff to assist with intervention. The daily staffing schedule posted for Youth Service Workers had 5 staff (which is a 1:8 ratio) during the day and 4 staff (which is a 1:10 ratio) during the sleeping hours. However, one of the staff members ran Master Control, which required the other staff to move from unit to unit to support each other.

Findings:

The facility was not found to be in compliance with the staffing ratio as outlined in this standard provision.

Corrective action:

The staffing ratio requires a 1:8 ratio in each unit where youth monitoring occurs. Administrative staff and staff assigned to duties that do not include supervision of detainees cannot be included in the ratio counts. Review the PRC FAQs for standard 115.313 for advisement on the staffing plan requirements.

Final Findings:

During the corrective action period, the PREA Coordinator, the Clinical Coordinator, and the Superintendent worked together to review the current staffing patterns of the facility as it relates to the 11 vital components of this provision of standard 115.313. A written Staffing Plan was created that will be reviewed in October during the annual budget reviews by the Agency Head. As part of the development of the Staffing Plan, the PREA Coordinator created a Staffing Plan Deviation Form and reviewed how and when to complete the documentation with the facility staff. During the corrective action phase, the PREA Coordinator, the Clinical Coordinator, and the auditor consulted on the staff's concerns at the original onsite audit as it related to having additional female staff on shift when the population required female detainees to be placed in an additional hall of the facility. The PREA Coordinator communicated the Staffing Plan Deviation Form would be used in events like this to assist in documenting, tracking, and communicating to administrative staff when additional female staff is needed.

The facility was found to be in compliance with this provision of standard 115.313.

115.313 (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

As noted in section (a.) of this standard, the facility does not have a documented staffing plan. The PREA Coordinator further reported in her interview that there are no meeting notes to support at least an annual review of the staffing plan, nor the specific sub-requirements as outlined in (1)-(3) of this provision. SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault lists SAYS Form 115.313.a/b Secure Facility Vulnerability Assessment as supporting documentation to show compliance with standard 115.313. The policy indicates in section K the following,

"1. The SAYS PREA Coordinator shall organize and schedule a Vulnerability Assessment at each institutional site annually using SAYS Form 115.313.a/115.313.b Secure Facility Vulnerability Assessment.

2. The Executive Director, PREA Coordinator and Manager(s) shall identify physical plant, staffing, and operational issues that need to be addressed to ensure a safe and secure environment.

3. The PREA Coordinator, Residential Services Director and Executive Director shall prioritize issues to be addressed."

SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault further states, "Each SAYS facility shall 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 juveniles against sexual abuse. Male and female staff ratios must be correctly maintained with at least one staff on every shift of the same sex as the juveniles in the unit." As noted in provision (c.) discussion of 115.313, the facility was out of compliance with the stated policy. While onsite, the Agency Head shared that the staffing plans are documented annually and that a meeting was held and documented the week prior to the auditor coming onsite. The auditor will continue to follow up with the PREA Coordinator to obtain documentation of that meeting for review.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.313.

Corrective action:

The facility needs to create a staffing plan and show annual reviews of the plan as

outlined in standard provision 115.313 (d.).

Final Findings:

During the corrective action period, the PREA Coordinator, the Clinical Coordinator, and the Superintendent worked together to review the current staffing patterns of the facility as it relates to the 11 vital components of this provision of standard 115.313. A written Staffing Plan was created that will be reviewed in October during the annual budget reviews by the Agency Head. As part of the development of the Staffing Plan, the PREA Coordinator created a Staffing Plan Deviation Form and reviewed how and when to complete the documentation with the facility staff. During the corrective action phase, the PREA Coordinator, the Clinical Coordinator, and the auditor consulted on the staff's concerns at the original onsite audit as it related to having additional female staff on shift when the population required female detainees to be placed in an additional hall of the facility. The PREA Coordinator communicated the Staffing Plan Deviation Form would be used in events like this to assist in documenting, tracking, and communicating to administrative staff when additional female staff is needed.

The facility was found to be in compliance with this provision of standard 115.313.

115.313 (e): Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The facility uploaded SAYS PREA Policy 3.8 Staff Ratios as the policy for compliance with standard 115.313. However, this policy does not address the practice of having intermediate-level and higher-level supervisors conduct and document unannounced rounds. A review of SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault lists SAYS Form 115.313 Supervisory Monitoring Log as one of the approved forms. Policy 13.8.1 further states, "Each facility shall implement a practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and Manager(s) must ensure that all shifts and workdays are visited by supervisors at least two times a month. Documentation of the inspections shall be maintained using SAYS Form 115.313 Supervisory Monitoring Log. Facilities shall have a procedure to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcements are related to the legitimate operational functions of the facility." During the pre-onsite audit, the PREA Coordinator shared an example of one documented use of SAYS Form 115.313 Supervisory Monitoring Log. However, during the interviews with the intermediate-level and higher-level staff, it was

reported that they were not documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It should be noted that the auditor observed the intermediate-level and higher-level staff were an active part of the daily programming of the detainees. The intermediate-level and higher-level staff were completing resident intakes, responding to behavioral management issues, and providing direct oversight to detainees being separated or 'isolated' from other detainees. Because of this regular participation in the daily activities of the staff and detainees, it was not considered unusual by the youth security workers to have the intermediate-level and higher-level staff on the floor with them. A time frame that was noted as most vulnerable would be the late evening and night shifts.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.313.

Corrective action:

The facility needs to train the intermediate-level and higher-level staff on the purpose of the unannounced rounds and implement the proper documentation requirements as outlined in SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault.

Recommendation only:

PREA Coordinator and administrative staff rotate monthly unannounced rounds to support the deterrence of staff sexual abuse and sexual harassment.

Final Findings:

The PREA Coordinator updated SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault to include provisions for documenting the unannounced rounds by administrative and supervisory staff on page 10, paragraph J(2). During the corrective action period, the PREA Coordinator submitted copies of the monthly unannounced round logs from the audit year that were not previously provided to support that staff was conducting the rounds. Interviews with the supervisory staff confirmed their understanding of how to conduct and document the unannounced rounds and the areas of concern to monitor and note when conducting the rounds.

The facility was found to be in compliance with this provision of standard 115.313.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.315

Evidence relied upon in making the compliance determinations:

- * SAYS PREA Policy 9.8 Searches
- * SAYS PREA Policy 3.7.1 Staff Conduct with SAYS Detainees/Residents of the Opposite Sex
- * SAYS PREA Policy 3.7.4 Monitoring of Juveniles
- * SAYS 115.315 Statement of Non-occurrence
- * Non-medical Staff who Conduct Cross Gender Searches interviews
- * Random Staff interviews
- * Resident interviews
- * Transgender/Intersex Resident interview

Reasoning and analysis (by provision):

115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

and

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

SAYS PREA Policy 9.8 Searches states, "B. All detainees/residents should be strip searched anytime they reenter a facility subject to the limitations stated below:

1. Avoidance of unnecessary force, embarrassment, or indignity of the juvenile.
2. Detainee/Residents searches will be conducted by the sex as person being searched. Personnel shall not conduct cross-gender pat-down, strip, or body cavity searches by completing SAYS Form 115.315 and submit the form to the PREA Coordinator.
3. All staff that regularly comes in contact with detainees/residents, i.e. Youth Service Workers, Residential Workers, Supervisors and Administrators of these staff, shall receive training in effective search techniques.
4. Each facility will establish procedures that allow detainees/residents being searched to be shielded from view of other juveniles and opposite-gender staff but still allowing the staff member conducting the search to observe them and other juveniles in the facility. This may require a portable partition to be strategically place.
5. Manual or instrument inspection of body cavities will be conducted by medical

personnel (E.R.) only when there is a reason to do so and authorized by the Executive Director or designee. Visual inspection of detainee's/resident's body cavities is conducted by trained health care personnel and is documented.

6. Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the detainee's/resident's genital status."

The random staff interviews supported that all detention youth workers are responsible for the intake process, which includes a pat-down and a strip search of incoming residents. 100% of the staff interviewed reported they do not complete cross-gender strip searches or pat-down searches of the detainees. The staff reported the incoming detainees are assigned to intake staff based on physical gender reported by the referring county officials. A concern that will be further described in the standard 115.341 provisional discussions is the detainee is not specifically asked about their gender upon arrival. During a staff interview, it was reported that the gender the staff was told by the referral source and the gender the detainee presented were different than the physical gender of the detainee. This staff further shared that the detainee went through the entire intake process, including the initial pat-down search, without disclosing the resident was gender non-conforming, and the staff was beginning the strip search process when the detainee informed the staff of their physical gender. A review of the records submitted by the PREA Coordinator indicated there were no incidents of exigent circumstances where a detainee was a participant in a cross-gender search. During the onsite portion of the audit, there were no logs identified where the cross-gender searches would be documented. SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault does not specifically address cross-gender searches, but in the list of agency forms, it identifies the use of SAYS Form 115.315 Cross-Gender Searches. This form does not appear to be used in the actual daily practices of the facility. The medical staff indicated in her interview that any cross-gender strip searches or cross-gender visual body cavity searches would be conducted only in the medical department at the request of the Agency Head and in exigent circumstances. She further shared that if the detainee were the opposite gender, she would have a supervising staff witness of that gender as part of the search. A review of the facility during the onsite tour showed that detainees are afforded privacy for the intake strip search process. This search takes place in the shower area, which is off-camera, and only the supervising, same-gender youth worker will monitor this process. Once the youth removes the clothing and completes the strip portion of the search, the door is closed, and the youth is afforded the same privacy for showering as outlined in provision (d.) below. A review of the training materials found in the Master Control area showed a specific training that covers the Cross-Gender Search policy and practices of the facility. However, a review of the employee records did not consistently show this training occurred after the initial new hire training.

Findings:

The facility has a policy in place, and the practice of Cross-Gender Searches is a common part of the practice of the staff. However, the documentation requirements

of this policy are not being met. The facility was found to be in non-compliance with this provision of standard 115.315.

Corrective action:

Provide consistent training to staff upon new hire and at regular documented intervals thereafter, which includes how to record and document cross-gender pat-down, strip, and full-body visual cavity searches. Policy 9.8 Searches needs to be clarified in Section B, Point 2. It says searches shall not be conducted but offers how to document the searches. Please clarify this point.

Final Findings:

The PREA Coordinator updated SAYS PREA Policy 9.8 Searches. Clarifying points were added to include when and how exigent circumstances cross-gender searches may occur and how they are to be documented. Additional language was added to address transgender and intersex youth searches. The staff was trained on the new policy, and the sign-in log for the training was provided. During the corrective action interviews, staff were able to communicate effectively the established policy and practice for cross-gender searches.

The facility was found to be in compliance with this provision of standard 115.315.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

As noted in the discussion of provisions (a.) and (b.) above, the facility is not documenting the cross-gender searches as identified in SAYS PREA Policy 9.8 Searches. The use of SAYS Form 115.315 Cross-Gender Searches is not implemented, as confirmed by the auditor through documentation reviews, and based on the lack of documentation of an incident of a cross-gender pat-down search disclosed by a staff member during the onsite staff interviews of Non-medical Staff who Conduct Cross Gender Searches.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.315.

Corrective action:

Train staff on the use and implementation of SAYS Form 115.315 Cross-Gender Searches. Implement the documentation protocols as stated in your policy.

Final Findings:

The PREA Coordinator updated SAYS PREA Policy 9.8 Searches. Clarifying points were added to include when and how exigent circumstances cross-gender searches may occur and how they are to be documented. Additional language was added to address transgender and intersex youth searches. The staff was trained on the new

policy, and the sign-in log for the training was provided. During the corrective action interviews, staff were able to communicate effectively the established policy and practice for cross-gender searches.

The facility was found to be in compliance with this provision of standard 115.315.

115.315 (d): The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

SAYS PREA Policy 3.7.1 Staff Conduct with SAYS Detainees/Residents of the Opposite Sex was created to address the specific provision requirements of 115.315 (d.). The policy states, "Staff shall never supervise opposite sex shower and bathroom activities and should not be in shower or bath areas unless another staff member calls for assistance." SAYS PREA Policy 3.7.4 Monitoring of Juveniles states, "It is the policy of Southeast Alabama Youth Services that juveniles are allowed to shower, perform bodily functions, and change clothing without non-medical staff or the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when viewing is incidental to routine room checks. The staff of the opposite gender will be required to announce their presence when entering a juvenile's unit/area where they are likely to be showering, performing bodily functions, or changing clothing. Video surveillance equipment will not be utilized where bodily functions, showers, searches, or examinations occur." While onsite, the auditor observed this policy was fully implemented in the facility. It was observed that opposite-gender staff did not supervise housing units alone and only entered the areas when assistance was called for. The auditor observed camera placement in the housing units, and observed the actual camera angle footage from Master Control. It was observed that detainees have privacy from being viewed during normal daily dressing, toileting, and showering activities. The shower and bath areas in all units were single occupancy rooms, with a solid door (no windows) that was locked behind the youth when they entered to perform daily showering activities. It was observed the detainees entered the room fully clothed and knocked on the doors to alert staff when they were ready to exit the shower rooms, also fully clothed. Each cell contains a toilet that is to the side and around a half wall that also affords the detainee privacy to use the toilet without being directly observed. The shower rooms also contain a toilet to allow for additional privacy to use the restroom if a detainee chooses to use that area. When questioned about toileting and privacy within the double occupancy cells, the staff and detainees reported during the interviews that the detainees would ask to use the shower bathrooms for ultimate privacy. Staff and detainees reported in the interviews that this request

was honored consistently. The cameras in the unit halls showed the cell doors, but the camera angles did not view into the individual cells, again supporting the policy that residents have full privacy when changing clothes and performing daily toileting. While onsite, the C-unit was being utilized to house female residents, which is out of the norm of the facility. This hall was a high-traffic unit that accessed the outdoor rec area. It was noted that the cell windows were covered with newspaper to allow for additional privacy. Each unit hall door was observed to have a handwritten sign that indicated opposite gender staff could not enter the area alone. The auditor also observed during the onsite tour of the facility the staff announced when entering opposite gender units for self and for the auditor.

Findings:

The facility was found to be in compliance with this provision of 115.315.

115.315 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

SAYS PREA Policy 9.8 Searches states, "B. All detainees/residents should be strip searched anytime they reenter a facility subject to the limitations stated below...6. Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the detainee's/resident's genital status." As noted in provision (a.) discussion of 115.315, the staff rely on the verbal communication of the referring court agent to identify the gender status of the incoming resident. It was noted during the observation of the intake process and in the staff interviews that the intake staff are not specifically asking in conversation about the genital status of the detainee and are relying on the incoming court documentation. While, in essence, the policy and practice support this provision of 115.315, the auditor has identified a shortcoming in the full practice of the intake search and shower, as discussed in more detail in standard 115.341. During the interview with a transgender youth, they shared that the staff did not search or physically examine the resident for the sole purpose of determining the resident's genital status. The transgender youth did indicate that they were searched by the same physical gender staff, which was 'a little uncomfortable', but the youth further shared the staff was respectful and accommodating during the intake process.

Findings:

The facility was found to be in compliance with this provision of standard 115.315. (See corrective action for 115.341 as it relates to screening and identification of transgender youth.)

115.315 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex

residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

SAYS PREA Policy 9.8 Searches states, "All staff that regularly comes in contact with detainees/residents, i.e. Youth Service Workers, Residential Workers, Supervisors and Administrators of these staff, shall receive training in effective search techniques." A review of the training materials in the training binders in the Master Control Room showed the auditor that training resources are readily available for all staff to review and sign a log that the material has been read. The searches training information specifies how a search is to be conducted, what gender staff are responsible for conducting said searches, how to document exigent circumstances searches, and how to maintain the respect and dignity of the detainee while facilitating the required searches. During the random staff interviews, it was noted the new hire staff were instructed to read all the training binders as part of the new hire training process. There were signature logs at the back of each binder for the staff to sign. The auditor observed the binders were in use, and signatures were obtained during this audit time frame. The auditor observed during the onsite portion of the audit the facility staff utilized the specified searches training when performing searches of the youth. The staff reported in the interviews that they are not to conduct pat down or strip searches of opposite-gender detainees. The staff further indicated that if a staff of the same gender was not available to perform an intake search, the detainee would be placed in a secure location until an appropriate staff was available to perform the search.

Findings:

The facility was found to be in compliance with this provision of 115.315.

Corrective action:

Provide copies of training logs for current staff to support the completion of this training.

Final Findings:

The PREA Coordinator updated SAYS PREA Policy 9.8 Searches. Clarifying points were added to include when and how exigent circumstances cross-gender searches may occur and how they are to be documented. Additional language was added to address transgender and intersex youth searches. The staff was trained on the new policy, and the sign-in log for the training was provided. During the corrective action interviews, staff were able to communicate effectively the established policy and practice for cross-gender searches.

The facility was found to be in compliance with this provision of standard 115.315.

115.316

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.316

Evidence relied upon in making the compliance determinations:

- * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault
- * Alabama Institute for Deaf and Blind (AIDB) Interpreter Service Agreement 2021
- * Juvenile Intake Orientation Packet envelope (PREA 115.333.1.b Statement for Student Handbook, Grievance Form 12.4-1, Detainee Handbook 11.1A, PREA Handbook-PREA 115.333 and other miscellaneous pamphlets and forms) {English & Spanish}
- * Diversion Center Juvenile Rights DC Form 16.2
- * Informed Juvenile Verification/Admission Checklist
- * Juvenile Confirmation of Receipt of PREA
- * Agency Head interview
- * PREA Coordinator interview
- * Superintendent interview
- * Random Staff interview
- * Residents with Disabilities or who are Limited English Proficient (LEP) interviews
- * Resident interviews
- * MOU with LEP Interpreter

Reasoning and analysis (by provision):

115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Information shall be provided to juveniles about sexual abuse/assault/harassment including: prevention/intervention, self-protection, reporting, availability of medical treatment and mental health counseling. This information shall be communicated orally and in writing, in a language clearly understood by the juvenile, at intake upon arrival at the facility. Each facility shall be responsible for incorporating this information into their Detainee/Resident Handbook." The policy further states,

"1. Facilities shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

a. Each facility shall take appropriate steps to ensure that juveniles with disabilities have an equal opportunity to participate in or benefit from all aspects of SAYs's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision."

During the onsite interview process, it was determined there were no residents in the facility who were blind, LEP, deaf, or hard of hearing to be interviewed. During the resident interviews, a detainee disclosed they had trouble reading and reported the staff read the intake information to the detainee during the intake process. All detainee records that were reviewed while onsite showed the detainees participated in the initial education and review of the intake PREA orientation and education of rights under the PREA standards. This was documented and initialed by intake staff and detainees within 24 hours of the detainee entering the facility. The resident interviews supported that the detainees reviewed this information during the intake process. The PREA Coordinator shared an MOU with the Alabama Institute for the Deaf and Blind to provide interpreter services. The PC further shared the facility was working with AIDB to translate the intake information into a braille format. The Agency Head shared that the facility had received funding from a grant to have a phone system installed. The system will have kiosks where the intake information, consents, and handbooks would be readily available to the detainees to read the material to them in their language of choice and allow the detainees to confirm their understanding of the receipt of the information. The auditor observed the newly installed phone system; however, the staff and detainees reported in the onsite

interviews the system was not currently in use. The Agency Head informed the auditor the contractor for the phone system would be providing training on how to use the system in the coming week. The facility Superintendent gave the auditor copies of the intake information during the onsite tour of the facility and processes. Aside from the PREA orientation, rights, and consent information, the staff gave the auditor a white envelope (Juvenile Intake Orientation Packet) that included the following documentation: PREA 115.333.1.b Statement for Student Handbook, Grievance Form 12.4-1, Detainee Handbook 11.1A, PREA Handbook-PREA 115.333, and other miscellaneous pamphlets and forms. By policy, this packet is to be given to every detainee as part of the intake process. During the resident interviews, none of the residents reported having received the Juvenile Intake Orientation Packet. One resident, who was a re-admit, shared they received the packet at a previous admission, but not this time. The PREA Coordinator shared in her interview that during the COVID restrictions, some of the PREA practices had not been fully enforced because of the quarantine protocols and safety precautions that were in place. The PC was aware that re-training may be needed to remind staff of all the PREA-required intake practices.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.316.

Corrective action:

The facility staff would benefit from retraining on the requirements of and best practices for educating detainees on their rights to be free from sexual abuse or sexual harassment. Include the importance of consistently providing detainees copies of the Juvenile Intake Orientation Packet that includes key information about their PREA rights and reporting practices.

Final Findings:

During the corrective action period, the PREA Coordinator conducted training with the staff on educating detainees on their rights to be free from sexual abuse and sexual harassment. The training sign-in logs were provided. During the corrective action onsite interviews, the staff interviews confirmed the training had occurred, and the staff was able to verbalize the intake process, which included informed consent and PREA rights reviews. Interviews with the detainees during this same time frame supported that the rights were being reviewed at intake, and the juveniles also confirmed they had copies of the Intake Juvenile Orientation Packet. It was observed that the phone kiosks were in use, but the upload of documentation, including intake consents, was not in place.

The facility was found to be in compliance with this provision of standard 115.316.

115.316 (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Information shall be provided to juveniles about sexual abuse/assault/harassment including: prevention/intervention, self-protection, reporting, availability of medical treatment and mental health counseling. This information shall be communicated orally and in writing, in a language clearly understood by the juvenile, at intake upon arrival at the facility. Each facility shall be responsible for incorporating this information into their Detainee/Resident Handbook." The policy further states, "Facilities shall take reasonable steps to ensure meaningful access to all aspects of the SAYS efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees/residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." During the onsite portion of the audit, no detainees were identified who were Limited English Proficient. The facility did not provide any supporting documentation that would support its contract with an agency to provide interpreter services for LEP residents. The PREA Coordinator shared the agency 'used to' have an MOU, but the agency no longer worked with SAYS to provide LEP translator services. The Agency Head shared, as noted in provision (a.) of this standard that the new phone kiosks would help with the provision of this service; however, this could not be demonstrated nor confirmed during this phase of the audit. During the interviews of staff who perform the intake process, it was noted the staff are not aware of services available to them to provide translator services to detainees. One staff disclosed that a Google translator app had been used successfully to help complete the intake process with a detainee. Another staff disclosed in the onsite interview that another detainee who spoke the same language had been used to help with the intake process. Across the board, the staff knew the importance of providing the intake information to all detainees, but they struggled with the specific process of how this would consistently occur with LEP residents. It was also noted that the Juvenile Intake Orientation Packet was only available in English.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.316.

Corrective action:

The facility needs to identify and train staff on the way they can provide interpreter services to LEP residents in order to provide meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse or sexual harassment.

Final Findings:

During the corrective action period, the agency was able to secure an MOU with an

interpreter for Spanish-speaking clients (their primary population of LEP intakes.) The PREA Coordinator confirmed that the staff was notified of this resource, and the contact information was posted in the Master Control office. The auditor was able to visually confirm this during the corrective action onsite portion of the audit. During the corrective action onsite interviews with intake staff, it was confirmed that staff was aware of the new resource and had used it with a recent admission. Documentation was provided to the auditor showing the use of the interpreter for intake and other needed services for the LEP detainee. Additionally, the intake and orientation packet had been translated into Spanish and was available for LEP residents. At the time of the onsite corrective action review, there were no LEP detainees to interview.

The facility was found to be in compliance with this provision of standard 115.316.

115.316 (c): The agency shall not rely 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.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Information shall be provided to juveniles about sexual abuse/assault/harassment including: prevention/intervention, self-protection, reporting, availability of medical treatment and mental health counseling. This information shall be communicated orally and in writing, in a language clearly understood by the juvenile, at intake upon arrival at the facility. Each facility shall be responsible for incorporating this information into their Detainee/Resident Handbook." The policy further states, "Facilities shall not rely on juvenile interpreters, juvenile readers, or other types of juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the juvenile's safety, the performance of first-responder duties, or the investigation of the juvenile's allegations." Again, as noted in provision (b.) of this standard, the staff do not have readily available the necessary interpreter services needed to support LEP intake education practices. One staff disclosed in the interview process that a detainee had been used to assist in the intake process for another resident. The other staff interviews did not support this as a common practice. The main option described by staff to help LEP residents was the use of a Google translator app on the phone.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.316.

Corrective action:

The facility needs to identify and train staff on the way they can provide interpreter services to LEP residents in order to provide meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse or sexual

	<p>harassment. Make sure staff training specifies that other resident interpreters are not to be relied upon except in exigent circumstances.</p> <p>Final Findings:</p> <p>During the corrective action period, the agency was able to secure an MOU with an interpreter for Spanish-speaking clients (their primary population of LEP intakes.) The PREA Coordinator confirmed that the staff was notified of this resource, and the contact information was posted in the Master Control office. The auditor was able to visually confirm this during the corrective action onsite portion of the audit. During the corrective action onsite interviews with intake staff, it was confirmed that staff was aware of the new resource and had used it with a recent admission. Documentation was provided to the auditor showing the use of the interpreter for intake and other needed services for the LEP detainee. Additionally, the intake and orientation packet had been translated into Spanish and was available for LEP residents. At the time of the onsite corrective action review, there were no LEP detainees to interview.</p> <p>The facility was found to be in compliance with this provision of standard 115.316.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 3.1 Recruitment and Selection * Employee record reviews with background checks * Administrative Human Resources Staff interview * Contractor background checks <p>Reasoning and analysis (by provision):</p> <p>115.317 (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or</p>

refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

SAYS PREA Policy 3.1 Recruitment and Selection states, "Southeast Alabama Youth Services in compliance with the Prison Rape Elimination Act of 2003, with the final standards enacted August 20, 2012, adheres to PREA standard 115.317 (Hiring and Promotion Decisions) that SAYS shall not hire or promote anyone, or enlist the services of any contractor, 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; or has been civilly or administratively adjudicated to have engaged in such activity." The auditor reviewed a random sample of employee records for staff at this facility. 6 employee records were chosen at random, and 2 employee records were chosen based on investigative file reviews showing that this facility conducts criminal background checks for all staff prior to employing the staff at this facility. The three types of background checks that were conducted included Criminal Watchdog, FBI, and a DHR CAN report. The employee records also showed the background checks were updated every 5 years. A review of employee records where the staff had been promoted showed the new hire and 5-year background checks but did not show a background check was conducted as part of the consideration for the staff promotions. During the interviews of the Human Resources staff and staff responsible for hiring and promotions, it was reported that the Agency Head completes all background checks and makes the final determination of staff eligibility prior to the staff working on the floor with residents. The HR staff confirmed that background checks are completed for a new hire and every 5 years of the staff's continued employment; however, the facility has not completed backgrounds for promotions. Additionally, a review of the employee records showed the practice of asking staff the three provisional questions of this standard was not recorded in the staff application prior to 2018 in the records reviewed by this auditor. The records reviewed post-2018 have the asked and answered questions on the applications in the staff records. The Agency Head noted the contract staff for this facility were the education staff from the county, and these staff are vetted through the education system background checks prior to employment. A review of employee background findings raised caution for the hiring practices of this facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.317.

Corrective action:

The facility does not follow the policy of completing background checks for promoting employees. Provide documentation to support the implementation of this practice.

Final Findings:

The facility has a policy, SAYS PREA Policy 3.1 Recruitment and Selection, that indicates background checks will occur when a staff member is promoted. The facility did not have any staff promoted during the corrective action phase of the audit to verify this practice was in place. However, the auditor met with the HR staff, who confirmed that she had been instructed to complete the background checks at the time of new hire, at five-year intervals from the hire date, and when staff is being reviewed for promotion.

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (b): The agency shall 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.

SAYS PREA Policy 3.1 Recruitment and Selection states, "SAYS shall consider any incidents of sexual harassment, as defined by PREA, in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with juveniles. " As noted in provision (a.) of this standard, the employee record reviews supported that employee background checks are being completed prior to staff hiring and being placed on the floor to work with the facility residents. The Human Resources staff interview supported that incidents of sexual abuse and sexual harassment are reviewed by the Agency Head as part of the employment decision-making process. A review of the employee records found that no staff had sexual harassment noted in the background check information that was considered for employment. As with provision (a.), the facility is not completing reviews of sexual harassment incidents before promoting a staff member.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.317

Corrective action:

The facility does not follow the policy of completing background checks for promoting employees. Provide documentation to support the implementation of this practice.

Final Findings:

The facility has a policy, SAYS PREA Policy 3.1 Recruitment and Selection, that indicates background checks will occur when a staff member is promoted. The facility did not have any staff promoted during the corrective action phase of the audit to verify this practice was in place. However, the auditor met with the HR staff, who confirmed that she had been instructed to complete the background checks at the time of new hire, at five-year intervals from the hire date, and when staff is being reviewed for promotion. Additionally, the facility provided copies of the contract teachers' background checks that had been provided through the school system.

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

SAYS PREA Policy 3.1 Recruitment and Selection states, "Before hiring new employees who may have contact with juveniles, SAYS shall: (1) Perform a criminal background records check; (2) Consult any Child Abuse Registry maintained by the State or locality in which the employee would work; and (3) 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." The auditor reviewed a random sample of employee records for staff at this facility. 6 employee records were chosen at random, and 2 employee records were chosen based on investigative file reviews showing that this facility conducts criminal background checks for all staff prior to employing the staff at this facility. The three types of background checks that were conducted included Criminal Watchdog, FBI, and a DHR CAN report. During the interviews of the Human Resources staff and staff responsible for hiring and promotions, it was reported that the Agency Head completes all background checks and makes the final determination of staff eligibility prior to the staff working on the floor with residents. The PREA Coordinator reported that 5 staff were hired during the past 12-month period. Of those hired, 100% had the noted background checks completed in the records, and the Agency Head reviewed them prior to hiring, as reported by the Human Resources staff interview.

Findings:

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

SAYS PREA Policy 3.1 Recruitment and Selection states, "SAYS shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with juveniles." At the time of the onsite audit, the Agency Head and PREA Coordinator reported there were no volunteers or contractors that worked for the facility during the past 12-month period. The facility does have teachers that work for the facility who are employed with the Dothan City School System. The school system is responsible for completing background checks for these staff members. Copies of the teacher background checks were provided by the facility for auditor review.

Findings:

The facility was found to be in compliance with this provision of standard 115.317

115.317 (e): The agency shall 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.

SAYS PREA Policy 3.1 Recruitment and Selection states, "SAYS shall conduct criminal background records checks at least every five years on current employees and contractors who may have contact with juveniles." The HR staff confirmed in the interview process that background checks are completed for a new hire and every 5 years of the staff's continued employment. The auditor reviewed a random sample of employee records for staff at this facility. 6 employee records were chosen at random, and 2 employee records were chosen based on investigative file reviews showing that this facility conducts criminal background checks for all staff prior to employing the staff at this facility. The employee records also showed the background checks were updated every 5 years. The facility administration reported there were no contractors during this 12-month period that worked for this facility, and the auditor was unable to review any contractor records. The Agency Head and Human Resources staff confirmed that by policy if the agency were to use contract staff, the same background process as outlined in this standard would apply. The agency did use teachers to provide educational services from the local school system. Copies of the teachers' background checks were provided for auditor review.

Findings:

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

SAYS PREA Policy 3.1 Recruitment and Selection states, "SAYS shall also ask all applicants and employees who may have contact with juveniles directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the annual performance appraisals of current employees using SAYS Form 115.317 PREA Employment/Appraisal Questionnaire. SAYS mandates that all employees have a continuing affirmative duty to report any such sexual misconduct." A review of the employee records showed the practice of asking staff the three provisional questions of this standard was not recorded in the staff applications prior to 2018 in the records reviewed by this auditor. The records reviewed post-2018 have the

asked and answered questions on the applications in the staff records. As noted in the previous provisions of this standard, staff are not re-evaluated as part of the promotional process of this facility. The Human Resources staff reported in the interview process that it is not the current practice of the facility to impose upon employees a continuing affirmative duty to disclose any such misconduct. The HR staff reported this only becomes an issue if the information shows up in subsequent background checks.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.317.

Corrective action:

The facility needs to provide documentation to support the implementation of imposing upon employees a continuing affirmative duty to disclose any such misconduct as identified in this standard, as well as the process for directly asking and documenting written self-evaluations as part of staff reviews.

Final Findings:

The PREA Coordinator updated policy, SAYS PREA Policy 3.1 Recruitment and Selection, to include the following language, "SAYS mandates that all employees have a continuing affirmative duty to report any such sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." During the corrective action onsite interview, the HR staff and PREA Coordinator confirmed she had been notified of the policy revision, and this was included in the new hire orientation training. In addition, the three questions were added to the promotion paperwork and would be a part of the affirmative process at the time of the additional background checks. The PREA Coordinator stated the current staff would be informed of the policy update during the annual training and policy reviews.

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

SAYS PREA Policy 3.1 Recruitment and Selection states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The Human Resources staff confirmed this is the policy of the agency during the onsite interview process.

Findings:

The facility was found to be in compliance with this provision of standard 115.317.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual

	<p>harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>SAYS PREA Policy 3.1 Recruitment and Selection states, "SAYS operates under a neutral reference policy and if inappropriate allegations are founded the employee will receive a recommendation of no rehire that may be shared with an institutional employer for whom such employee has applied to work." The Human Resource staff interview reported that when a call comes in for staff verification, the only information that is provided is the date of hire and job title. The HR staff reported the facility does not disclose if a staff member is eligible for rehire.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * Agency Head interview * Superintendent interview <p>Reasoning and analysis (by provision):</p> <p>115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>The Agency Head reported this facility had not acquired any new facility or made any design changes to this facility during this audit period. She did report in her interview that she would consider the effect of such a change on the ability to protect residents from sexual abuse.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.318</p> <p>115.318 (b): 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</p>

protect residents from sexual abuse.

The Agency Head reported that the facility recently applied for a grant and received a free phone and kiosk system for the residents. The goal of this system is to provide a place to upload important phone numbers and contacts for the residents to be able to access at any time. She further reported the phone system would allow them to upload intake paperwork, grievance forms, and education information that would be available to residents in their preferred language of choice, and the information would be available to read to the residents and for residents to sign for the receipt of the information. The phone system is also monitored for 'keywords' or 'alert words' that would be reported to the Agency Head. The Agency Head further shared that when making changes to video monitoring, electronic surveillance, or other monitoring technology, the agency will consider how this technology may enhance the ability to protect residents from sexual abuse. During the onsite tour of the facility, the Superintendent showed the auditor the newly installed phone systems. The Superintendent reported the phone system was not implemented and that the contractors would be providing training to the staff once the technology was available. During the corrective action onsite visit of the audit, the phone systems were implemented in the first phase. The detainees were able to access the hotline for reporting sexual abuse and sexual harassment. However, the form uploads were still in progress.

Findings:

The facility was found to be in compliance with this provision of standard 115.318.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">* South East Alabama Child Advocacy Center Signed MOU* Houston County Sheriff's Department Signed MOU* Dothan City Police Department Signed MOU* House of Ruth Signed MOU* SAYS Uniform Evidence Protocol* Investigator training curriculum and certificates* Investigator interviews

- * Random Staff interviews
- * SAFE/SANE Staff interviews
- * PREA Coordinator interview
- * Residents who Report a Sexual Abuse

Reasoning and analysis (by provision):

115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

A review of policy shows the facility does not have policies and procedures to specifically address the agency's responsibility for investigating allegations of sexual abuse, nor did the agency supply a uniform evidence protocol. The PREA Coordinator indicated in the pre-audit questionnaire the facility is not responsible for completing administrative or criminal investigations. The facility provided a signed MOU with the Houston County Sheriff's Department and Dothan City Police Department that shows these agencies will be responsible for any criminal investigations of sexual abuse and sexual harassment. During the onsite portion of the audit, the Agency Head and PREA Coordinator indicated they are the recipients of all grievances and critical incident reports completed in the diversion center. The Agency Head and PREA Coordinator will work with the Superintendent to interview residents and staff, review video footage, and review documentation related to all allegations. The determination would then be made by the Agency Head to submit this information for criminal investigation if warranted. This process was reported to be for internal and administrative investigations only. An incident of obvious sexual assault that occurs at the facility, as reported in the staff first responder interviews, is to be immediately reported by a call to 911. It was determined by this auditor that the Agency Head and the PREA Coordinator are considered to be the administrative investigators for the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.321.

Corrective action:

The facility needs to provide a uniform evidence protocol that supports the administrative investigation process that will be utilized within the facility.

Final Findings:

The facility has developed a Uniform Evidence Protocol. The PREA Coordinator identified the administrative investigators on campus, including herself, the Agency Head, and the Clinical Coordinator. During the corrective action onsite interviews

and the biweekly consultation meetings, the PREA Coordinator and the Clinical Coordinator were able to communicate the actions they and the staff would take in the event of sexual abuse to a detainee. The protocol includes specific details for responding that include how to preserve physical evidence.

The facility was found to be in compliance with this provision of standard 115.321.

115.321 (b): The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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.

As noted in provision (a.) of this standard, the agency does not have a uniform evidence protocol that is used for investigations. A review of the MOUs with the Houston County Sheriff's Department and Dothan City Police Department showed the following language, "The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." However, the specified language, as noted in this provision, "shall be 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", is not included in the MOUs with the investigation entities. During the PREA Coordinator interviews, it was further reported that neither the PC nor the Agency Head had received any specialized investigation training to support their roles as the facility's administrative investigators.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.321.

Corrective action:

The facility needs to provide a uniform evidence protocol that supports the administrative investigation process that will be utilized within the facility. The facility needs to update the MOUs with the criminal investigators to include the required training protocols as identified in this provision of standard 115.321. The Agency Head and the PREA Coordinator need to participate in training that offers them the appropriate skills to serve as PREA administrative investigators for this facility.

Final Findings:

The facility has developed a Uniform Evidence Protocol. The PREA Coordinator identified the administrative investigators on campus, including herself, the Agency Head, and the Clinical Coordinator. During the corrective action onsite interviews

and the biweekly consultation meetings, the PREA Coordinator and the Clinical Coordinator were able to communicate the actions they and the staff would take in the event of sexual abuse to a detainee. The protocol includes specific details for responding that include how to preserve physical evidence. The facility investigators have attended a six-hour investigator training through the Pacific Training Group that includes the four investigator training requirements as outlined in the provisional discussions for standard 115.334(b). The auditor reviewed the training curriculum and observed the sign-in training rosters. In addition, the facility has updated the MOU with the sheriff's department to include the training requirement as identified in this provision of standard 115.321.

The facility was found to be in compliance with this provision of standard 115.321.

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The facility currently does not have an active MOU with the local hospital to provide forensic medical examinations for residents who have experienced sexual abuse. The hospital they previously worked with no longer has a SAFE/SANE provider. The PREA shared emails where she had attempted to work with the local hospital to obtain an active MOU. An interview with the medical staff at the facility shows that SAYS has a nurse that works part-time to provide for the medical needs of the residents. The medical staff reported that forensic medical exams are not completed onsite, but the residents would be transported to the local hospital for emergency medical care. The medical staff member reported in the interview that they also work at the local hospital and were able to share the protocol used for completing forensic medical exams and securing the proper physical evidence obtained to maintain an evidentiary chain of command. The PREA Coordinator reported, and the medical staff confirmed there were no incidents of sexual abuse that required a forensic medical exam during this audit cycle.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.321.

Corrective action:

Obtain an MOU with the local hospital or a provider who can provide forensic medical examinations, whether on-site or at the outside facility, without financial cost to the resident, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot

be made available, the examination can be performed by other qualified medical practitioners.

Final Findings:

The PREA Coordinator provided email communication where she solicited an MOU with the local hospital to provide rape crisis services. The PREA Coordinator stated in her interview that the hospital reported they do not have SAFE/SANE certified providers in their facility, but any patient that reported to the ER with reported sexual abuse or sexual assault injuries would receive a forensic exam. The auditor spoke to a nurse in the ER who confirmed this was the practice and that a rape kit would be completed in the case of sexual abuse or assault. It should also be noted that the SAYS nurse is also a nurse at the local hospital, and she confirmed during her interview that she was trained to complete, through the hospital, a rape kit and follow the chain of custody. The PREA Coordinator continued to solicit from the hospital an MOU stating this, but at the time of the end of the corrective action period, an MOU had not been obtained.

The facility was found to be in compliance with this provision of standard 115.321.

115.321 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

The facility has provided a signed MOU between the agency and Southeast Alabama Child Advocacy Center. The signed MOU does not appear to cover rape crisis victim advocate services. The contents of the MOU cover victim supportive services as outlined in standard 115.353. There were no residents who reported sexual abuse available to interview to confirm that victim advocate services are available and offered when sexual abuse occurs. The PREA Coordinator reported that CAC would be the provider used to perform victim advocate activities.

Findings:

The facility was found to be in non-compliance with the provision of standard 115.321.

Corrective action:

Update the MOU with Southeast Alabama Child Advocacy Center to cover the victim advocate services as outlined in this provisional standard, or obtain an MOU with a rape crisis center that offers victim advocate services "For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages."

Final Findings:

The facility has entered into an updated MOU with the Child Advocacy Center (CAC) and a new MOU with the House of Ruth (HOR). Both signed MOUs obtain the following language, "For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages." CAC will provide victim advocate services and conduct forensic interviews in cases of sexual abuse. HOR will provide a 24-hour hotline number and offer victim advocate and supportive services for victims of sexual abuse. Both MOUs were confirmed by the auditor.

The facility was found to be in compliance with the provision of standard 115.321.

115.321 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility has provided a signed MOU between the agency and Southeast Alabama Child Advocacy Center. The signed MOU does not appear to cover rape crisis victim advocate services. The contents of the MOU cover victim supportive services as outlined in standard 115.353. There were no residents who reported sexual abuse available to interview to confirm that victim advocate services are available and offered when sexual abuse occurs. The PREA Coordinator reported that CAC would be the provider used to perform victim advocate activities.

Findings:

The facility was found to be in non-compliance with the provision of standard 115.321.

Corrective action:

Update the MOU with Southeast Alabama Child Advocacy Center to cover the victim advocate services as outlined in this provisional standard, or obtain an MOU with a rape crisis center that offers victim advocate services "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

Final Findings:

The facility has entered into an updated MOU with the Child Advocacy Center (CAC) and a new MOU with the House of Ruth (HOR). Both signed MOUs obtain the following language, "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." CAC will provide victim advocate services and conduct forensic interviews in cases of sexual abuse. HOR will provide a 24-hour hotline number and offer victim advocate and supportive services for victims of sexual abuse. Both MOUs were confirmed by the auditor.

The facility was found to be in compliance with the provision of standard 115.321.

115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The facility provided MOUs with the Houston County Sheriff's Department and the Dothan City Police Department. While the MOUs provide for investigations as outlined in 115.334, 115.371, and 115.331, the MOUs do not specifically provide for the investigating agency to investigate allegations of sexual abuse according to the specific requirements of provisions (a.) through (e.) of this standard. The PREA Coordinator shared in the interview process, these MOUs were created to cover the investigatory requirements of standard 115.321.

Findings:

The facility was found to be in non-compliance with the provision of standard 115.321.

Corrective action:

Update the MOUs with the Houston County Sheriff's Department and the Dothan City Police Department to allow for the investigating agency to investigate allegations of sexual abuse according to the specific requirements of provisions (a.) through (e.) of this standard.

Final Findings:

The MOU has been updated and submitted to the Houston County Sheriff's Department and signed with the Dothan Police Department to include the following language, "The protocol shall be developmentally appropriate for youth, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the US 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." Local law enforcement will be responsible for all criminal investigations

	<p>of sexual abuse in this facility.</p> <p>The facility was found to be in compliance with the provision of standard 115.321.</p> <p>115.321 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.</p> <p>The auditor is not required to audit this provision.</p> <p>115.321 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>As noted in provision (d.) above, the agency has attempted to make a victim advocate from a rape crisis center available to victims of sexual abuse.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations * SAYS PREA Policy 1.29 Special Investigation Unit * Investigation records reviews * Employee training records reviews * Agency website: https://www.saysdothan.com/prea * Agency Head interview * Investigative Staff interviews * Superintendent interview * Random Staff interviews

Reasoning and analysis (by provision):

115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

SAYS PREA Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "It is SAYS policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment." The Agency Head and PREA Coordinator were identified through onsite interviews of detention staff and the Superintendent as the administrative investigation staff at the facility. The Agency Head and the PREA Coordinator confirmed in their interviews that all grievances and reports of sexual abuse and sexual harassment would go through them for investigations. At the time of the onsite audit, the facility reported there were no incidents of sexual abuse or sexual harassment that were investigated during this audit period. During the onsite record reviews, the auditor discovered the consistent documentation and investigation of grievances of sexual abuse and harassment may not follow the procedures as outlined in this policy. During the resident and staff interviews, a potential incident of staff misconduct was reported the previous week, but the information had not made its way through the proper documentation to the PREA Coordinator to trigger an investigation. The PREA Coordinator reported this incident of non-reporting may have been related to the PC not being on campus at the time of the incident. The PREA Coordinator was able to show documentation of a previous incident of staff misconduct that resulted in an administrative review and leave of absence for the staff member. The staff was ultimately terminated for a different agency violation that was not PREA related. The PREA Coordinator had the documentation to support how the agency followed its policy for an administrative investigation.

Findings:

The facility was found to be in compliance with this provision of standard 115.322.

115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

And,

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

SAYS PREA Policy 1.29 Special Investigation Unit states, "It is the policy of Southeast

Alabama Youth Services to ensure that incidents or suspected incidents of physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are reported to the appropriate agency, without hesitation, for proper investigation." The policy identifies a Special Investigative Unit with specialized training that works for the facility. During the onsite interviews and record reviews of staff training, the Special Investigative Unit could not be identified. The staff reported the Agency Head and the PREA Coordinator were in charge of all investigations of sexual abuse and sexual harassment. It is recommended that the investigators be more clearly identified, trained, and this chain of command is clearly communicated to staff with the proper protocols and timelines for reporting. A review of the agency website: <https://www.saysdothan.com/prea> shows the facility has not uploaded the required policy as indicated in the provision of standard 115.322. The PREA Coordinator reported that all referrals for investigation of sexual abuse and harassment to an agency with the legal authority to conduct such investigations would be documented. At the time of the onsite audit, the PREA Coordinator reported there were no incidents of allegations or referrals for an investigation related to sexual abuse or sexual harassment at this facility. A review of the investigative records provided to the auditor supported this claim. The agency was able to provide samples of other referrals, such as CAN reports to the Department of Human Resources for sexual abuse that occurred prior to the resident coming to the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.322.

Corrective action:

Upload the PREA investigations policy to the facility website as noted in this provision of standard 115.322. During the onsite interviews and record reviews of staff training, the Special Investigative Unit could not be identified. The staff reported the Agency Head and the PREA Coordinator were in charge of all investigations of sexual abuse and sexual harassment. It is recommended that the investigators be more clearly identified, trained, and this chain of command is clearly communicated to staff with the proper protocols and timelines for reporting.

Final Findings:

The facility has added the investigations policy to its website, and the auditor was able to search the document and find it. As noted in the provisional discussion for 115.321 and 115.334, the Investigative Team has been identified and trained in the duties of responding to sexual abuse in the facility. The facility has developed and dispersed the Uniform Evidence Protocol to the investigative staff, and during the corrective onsite interviews, the staff was able to communicate their responsibilities for investigating as outlined in the provisional discussions for 115.371.

The facility was found to be in compliance with this provision of standard 115.322.

	<p>115.322 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>The auditor is not required to audit this provision.</p> <p>115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. Jails shall have in place a policy governing the conduct of such investigations.</p> <p>The auditor is not required to audit this provision.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training * SAYS Form 115.331b PREA Training * SAYS Form 115.331 Staff Confirmation of Receipt of PREA * Onsite tour of facility and observation of Training Binders in the Master Control Room * Staff training record reviews * Random Staff interviews <p>Reasoning and analysis (by provision):</p> <p>115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and</p>

sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states, "It is SAYS policy to comply with the Prison Rape Elimination Act and require that the following SAYS employees shall receive specialized training in sexual abuse, sexual assault and sexual harassment. Training requirements during the first year of PREA enactment are as follows:

A. Professional Specialist/Child Care/Security Staff. This includes: Youth Service Workers, Counselors, Shift Supervisors, Support Staff, Maintenance, Teachers, Medical Personnel (contract and SAYS) and select Administration staff. This specialized training will be offered in orientation to all new employees and annually.

1. Sexual Abuse/Assault/Harassment training shall cover the following areas:

- a) SAYS zero-tolerance policy 13.8.1 on sexual abuse/assault/harassment;
- b) How to fulfill their responsibilities under SAYS sexual abuse/harassment prevention, detection, reporting and response policies and procedures;
- c) Juvenile's rights to be free from sexual abuse and sexual harassment;
- d) Staff and juvenile rights to be free from retaliation for reporting sexual abuse and sexual harassment;
- e) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- f) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- g) 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 juveniles;
- h) How to avoid inappropriate relationships with juveniles;
- i) How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming juveniles;
- j) How to comply with relevant law related to mandatory reporting of sexual abuse to outside authorities;

k) Relevant laws regarding the applicable age of consent."

The auditor conducted 12 random staff interviews, as well as various other specialized staff interviews while onsite. The staff unanimously reported that they received PREA training that covered the key components of PREA as outlined in the policy above, either for new hires or for those with significant time with the agency at the time of PREA implementation. The staff further reported receiving additional training on an ongoing basis and at least every two years. A review of the staff training records showed that all staff that were currently employed had a signed and documented SAYS Confirmation Receipt of PREA Form 115.331. During the onsite staff interviews, the staff was able to communicate key points of the standard with specific emphasis on the age of consent, ways to report, and their roles in the prevention, detection, reporting, and response to sexual abuse and sexual harassment within the facility. An area of note (see recommendation below) is 'how to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming juveniles.' While the staff was aware of the terms associated with LGBTI juveniles, many expressed during the interview process that they lacked the confidence to appropriately use gender pronouns and respectful communication for gender non-conforming youth. I was asked by more than one staff member for additional training in this area. Further, in the Agency Head interview, I was also asked for additional resources to assist in training this area with the facility staff. During the onsite tour of the facility, it was noted that in the Master Control Room (the hub of the staff in the detention facility), on an easily accessible shelf, there are multiple training binders with staff signature logs that contain the policies and procedures for various tasks and activities in the facility. Included in that training binder are the PREA policies and practices that are expected to be followed within the facility. The auditor found reviews and signatures of staff in the binders from this audit reporting cycle.

Findings:

The facility was found to be in compliance with this provision of standard 115.331.

Recommendation:

Identify more specific training as it relates to how to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender nonconforming juveniles. Especially as it relates to the provisional findings in standard 115.341.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states, "Such training shall be tailored to the unique needs and attributes of detainees/residents of juvenile facilities and to the gender of the detainees/residents at the employee's

facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male juveniles to a facility that houses only female juveniles, or vice versa." During the onsite tour, the auditor observed the following training titles in the Supervision of Juveniles in the training binders: Gender Control, Monitoring of Juveniles, as well as a Code of Ethics. The random staff interviews supported they received training to assist with the monitoring and supervision of juvenile residents with a gender-specific focus. The training reported was focused on visual viewing, searches, and daily monitoring protocols of the juveniles. There were training logs noted in the binders to support staff receiving this ongoing training throughout this audit cycle. The training appears to be consistently offered to new hire employees and is available at will to all staff.

Findings:

The facility was found to be in compliance with this provision of standard 115.331.

Recommendation:

Create a calendar of required annual training materials to be reviewed by staff to promote consistent training of all staff beyond the new hire training.

115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and SAYS shall provide each employee with refresher training every two years to ensure that all employees know SAYS current sexual abuse and sexual harassment policy and procedures. In the year in which an employee does not receive refresher training. SAYS shall provide refresher information on current sexual abuse and sexual harassment policies." As noted in provisions (a.) and (b.) of this standard, the facility has documented SAYS Confirmation Receipt of PREA for the active staff. Training records found in the employee files further showed that staff are receiving this updated PREA training every two years. As well, there are training binders in the Master Control Room that are accessible and available for all detention staff to review at will that contain information related to PREA policies and procedures as it relates to prevention, detection, reporting, and responding to a sexual abuse or sexual harassment incident. During the random staff interviews, the staff reported they receive this training upon new hire and at least every two years after that. The random staff shared that the PREA Coordinator will also periodically bring different informational sheets and place them in the 'Training Material' hanging file folder in the Master Control Room that supports positive PREA supervision and monitoring practices.

	<p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.331.</p> <p>115.331 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>It was noted in the employee record reviews and additional training resources that the facility provides physical paper rosters with employee signed acknowledgment 'certifying' the staff member has read the assigned materials, which includes policies, procedures, and operational manuals. The PREA Coordinator also provided the auditor with an electronic 'log' of all staff training titles and dates for review. The PREA Auditor observed during the onsite tour a series of training binders with signature logs where staff signed a documented the dates of review.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.331.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training * SAYS Form 115.331b PREA Training * Volunteers or Contractors who Have Contact with Residents interviews <p>Reasoning and analysis (by provision):</p> <p>115.332 (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states, "A. Volunteer and Contractor Training:</p> <ol style="list-style-type: none"> 1. Facilities shall ensure that all volunteers and contractors who have contracts with juveniles have been trained on their responsibilities under SAYS sexual abuse and sexual harassment prevention, detection, and response policies and procedures."

The facility policy allows for the training of volunteers and contractors who have contact with residents. The PREA Coordinator reported in the pre-audit questionnaire that there were no volunteers or contractors at the facility. While onsite, there were no contract or volunteer staff that were identified working within the agency. However, through staff interviews and a tour of the facility while onsite, the auditor identified the facility uses contract teachers from Dothan School System to provide educational programming to residents at the facility. Due to the timing of the audit, the education staff were on leave for the holidays and were not available for interview. The facility did not provide volunteer/contractor records for review that might include training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Findings:

The facility was found to be non-compliant with this provision of standard 115.332.

Corrective action:

Identify the number of contract staff that work at the facility. Conduct and document that the contract staff received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator provided a copy of the MOU with the Dothan City School System. In addition, the PREA Coordinator provided a copy of the training signatures for the contract staff when they were trained on their responsibilities to prevent, detect, and respond to sexual abuse and sexual harassment. During the corrective action period of the audit, the detainees were not receiving educational services, and the auditor was not able to conduct an interview with a contract staff member. The auditor did interview a contract mental health staff. The staff member confirmed that he received training related to his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The facility was found to be compliant with this provision of standard 115.332.

115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

And,

115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The facility provided a supplemental document SAYS Form 115.331b PREA Training. This document outlined the specific areas of training that an employee would receive if they have contact with residents at the facility. Again, as noted in the provision (a.) discussion of this standard, the facility did not identify any volunteer/contract staff, and no training records were supplied for volunteer/contract staff. Based on the weekly contact that is identified in the resident schedule of the educational programming provided at the facility, the auditor concluded there are contract educational staff that should be accounted for in the staffing pattern, and those staff should receive the relevant agency zero-tolerance policy training, and the training should be documented and maintained in a volunteer/contractor record.

Findings:

The facility was found to be non-compliant with this provision of standard 115.332.

Corrective action:

Identify the number of contract staff that work at the facility. Conduct and document that the contract staff received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator provided a copy of the MOU with the Dothan City School System. In addition, the PREA Coordinator provided a copy of the training signatures for the contract staff when they were trained on their responsibilities to prevent, detect, and respond to sexual abuse and sexual harassment. During the corrective action period of the audit, the detainees were not receiving educational services, and the auditor was not able to conduct an interview with a contract staff member. The auditor did interview a contract mental health staff. The staff member confirmed that he received training related to his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The facility was found to be compliant with this provision of standard 115.332.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>* SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements</p>

- * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault
- * Alabama Institute for Deaf and Blind (AIDB) Interpreter Service Agreement 2021
- * Juvenile Intake Orientation Packet envelope (PREA 115.333.1.b Statement for Student Handbook, Grievance Form 12.4-1, Detainee Handbook 11.1A, PREA Handbook-PREA 115.333 and other miscellaneous pamphlets and forms) {English and Spanish}
- * Diversion Center Juvenile Rights DC Form 16.2
- * Informed Juvenile Verification/Admission Checklist
- * Juvenile Confirmation of Receipt of PREA
- * Agency Head interview
- * PREA Coordinator interview
- * Superintendent interview
- * Random Staff/Intake Staff interview
- * Residents with Disabilities or who are Limited English Proficient (LEP) interviews
- * Resident interviews
- * LEP Interpreter MOU
- * Updated PREA posters {English and Spanish}

Reasoning and analysis (by provision):

115.333 (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements states, "It is the policy of Southeast Alabama Youth Services to provide materials during the intake process to juveniles explaining, in an age-appropriate fashion, SAYS' zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment." The facility reported there were 357 admissions to the facility during the previous 12-month period. At the time of the onsite audit, there were 40 juveniles on the roster on the first day of the audit. The auditor completed 11 random resident interviews, choosing the interviews by Unit, Gender and then choosing every 3rd detainee from each unit roster. If a detainee was not available, the next detainee on the roster was chosen. The initial interview count was 10 residents; however, based on additional feedback the auditor obtained through the onsite staff and resident interviews, an additional resident was added to make the total 11. The resident interviews

included 6 male detainees and 5 female detainees. There were 4 identified housing units within the facility, and the resident count from each unit interviewed were as follows: 3 from housing unit A, 3 from housing unit B, 2 from housing unit C, and 3 from housing unit D. The auditor identified 2 residents during the resident interviews who identified as gay or bisexual, 1 resident who identified as transgender, and 1 resident who reported prior victimization during the screening process. The auditor reviewed 12 resident records, again adding records that were identified during the interview process that were relevant to the audit standard findings. The interviews identified 6 residents who remembered participating in the intake process and receiving the documented education as it relates to the agency's zero-tolerance policy, and 3 residents reported they do not remember receiving the information. 1 resident reported they received the information during a previous admission to the facility but not during the current placement. 1 resident reported that the intake process was not completed upon admission but was completed within 24 hours at the facility. A review of 12 resident records showed that 11 of the residents received the zero-tolerance policy education upon admission, and 1 resident received it the next day. The PREA education was documented on SAYS Form 115.333 Juvenile Confirmation of Receipt of PREA. Additionally, the detainee record showed an Admission Checklist that was signed by each resident identifying various handbooks and grievance procedures that would support the reporting processes for sexual abuse and sexual harassment by residents. 5 residents stated they received the informational envelope packet, 1 resident stated they were offered but declined the packet, and 5 residents stated they did not receive the informational packet. Based on the resident interviews, it appears the female detainees are more consistently provided with the PREA information packets than the male detainees and are able to clearly communicate their rights as it relates to the agency's zero-tolerance policy for sexual abuse and sexual harassment. A couple of the resident interviews disclosed that the practice of educating detainees about their PREA rights was more consistently occurring in the past, as detainees with readmissions noted in their records had received the information at previous admissions. It was also noted that detainees with extensive histories of legal involvement and other juvenile placements were able to clearly communicate their zero-tolerance rights because of information they received at other placements. Interviews with the random staff showed that all detention youth workers are trained and are responsible for conducting the intake process and education of all incoming residents as it relates to the agency's zero-tolerance policy. The staff all reported this education is completed prior to the residents being placed in the general population. The resident record reviews would support this process is occurring, as the documentation is present in the detainee records; however, approximately half of the detainees did not remember this education occurring. The facility staff demonstrated the intake process for the auditor, including reading the information that is provided to the residents upon admission and providing the auditor with copies of the forms and Intake Orientation Envelope that is reportedly shared with each detainee. The auditor would recommend that the zero-tolerance policy education be read and or reviewed with all detainees, regardless of gender, and detainees given the opportunity to ask questions and process the material provided. It is also recommended that the staff are trained on the importance of

providing the Intake Orientation Envelope to all detainees upon admission, as this packet contains information and contact numbers for reporting sexual abuse or sexual harassment.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.333.

Corrective action:

While the documentation is in place to show the detainees received the required educational materials on the agency's zero-tolerance policy and the Intake Orientation Envelope, about half of the residents could not recall receiving this information. Provide training to detention staff on how to effectively communicate zero-tolerance information to all detainees, regardless of gender, in a manner that is age-appropriate.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator provided training to staff who completed the intake process with detainees. The training information supported that the staff was told to provide informed consent and PREA education to all detainees within 24 hours of intake and prior to the resident being placed in the general population. The staff was also instructed to provide all detainees with a copy of the Intake Orientation Envelope for them to keep in their cells for review. During the follow-up onsite staff and resident interviews, the staff who completed the intake process was able to verbalize they did receive the training and knew the process for providing the intake PREA education and training to detainees. As well, the detainees interviewed confirmed they had participated in informed consent and PREA training upon admission and were given a copy of the Intake Orientation Envelope.

The facility was found to be in non-compliance with this provision of standard 115.333.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements states, "Within 10 days of intake, SAYS shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding SAYS policies and procedures for responding to such incidents." During the onsite portion of the audit, the intake staff

demonstrated to the auditor that all detainees during the intake process are provided with the Juvenile Intake Orientation Packet envelope (PREA 115.333.1.b Statement for Student Handbook, Grievance Form 12.4-1, Detainee Handbook 11.1A, PREA Handbook-PREA 115.333 and other miscellaneous pamphlets and forms). Each resident record contains an Admission Checklist that documents the residents signed for the receipt of this information. However, during the resident interviews, approximately half of the residents reported they were not given the Intake Orientation Packet, nor could they remember receiving the comprehensive age-appropriate information. The Agency Head reported in her interview that a new phone kiosk system had been installed, and part of the technology that would be available with this system is the ability to upload juvenile rights and zero-tolerance educational materials in a format that is age-appropriate and in the language of choice by the resident. The kiosk would also allow for this to be reviewed and signed by the detainee as part of the intake process. The auditor was able to observe the new phone system; however, the staff and residents had not been trained on the use of the system, and it was not available for use at the time of the onsite audit.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.333.

Corrective action:

While the documentation is in place to show the detainees received the required educational materials on the agency's zero-tolerance policy and the Intake Orientation Envelope, about half of the residents could not recall receiving this information. Provide training to detention staff on how to effectively communicate with residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator provided training to staff who completed the intake process with detainees. The training information supported that the staff was told to provide informed consent and PREA education to all detainees within 24 hours of intake and prior to the resident being placed in the general population. The staff was also instructed to provide all detainees with a copy of the Intake Orientation Envelope for them to keep in their cells for review. During the follow-up onsite staff and resident interviews, the staff who completed the intake process was able to verbalize they did receive the training and knew the process for providing the intake PREA education and training to detainees. As well, the detainees interviewed confirmed they had participated in informed consent and PREA training upon admission and were given a copy of the Intake Orientation Envelope. In addition to the admission PREA education, the PREA Coordinator researched and identified two juvenile resident PREA education videos that were created by the PREA Resource Center.

(<https://www.prearesourcecenter.org/resource/new-prea-education-videos>

-adult-and-juvenile-people-confinement) During the corrective action onsite audit, the PREA Coordinator reported in her interview that the videos are shown at least once a month by the teacher in the classroom setting during one of the residents' video education days. During the resident corrective action onsite audit interviews, each of the residents confirmed they had been shown the video by the teacher, and the residents were able to clearly share the key concepts they were taught as they related to sexual safety prevention, detection, and reporting.

The facility was found to be in non-compliance with this provision of standard 115.333.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements does not specifically address that residents shall 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. Of the 4 residents that reported they did not receive the Intake Orientation Packet, all the resident records noted they had received the information with resident signatures and dates. It is recommended that staff slow down and fully explain the residents' rights as it relates to the zero-tolerance policies and procedures for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.333.

Corrective action:

Update SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements to specifically address that residents shall 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. It is recommended that staff slow down and fully explain the residents' rights as it relates to the zero-tolerance policies and procedures for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator provided training to staff who completed the intake process with detainees. The training information supported that the staff was told to provide informed consent and PREA education to all detainees within 24 hours of intake and prior to the resident being placed in the general population. The staff was also instructed to provide all

detainees with a copy of the Intake Orientation Envelope for them to keep in their cells for review. During the follow-up onsite staff and resident interviews, the staff who completed the intake process was able to verbalize they did receive the training and knew the process for providing the intake PREA education and training to detainees. As well, the detainees interviewed confirmed they had participated in informed consent and PREA training upon admission and were given a copy of the Intake Orientation Envelope. In addition to the admission PREA education, the PREA Coordinator researched and identified two juvenile resident PREA education videos that were created by the PREA Resource Center.

(<https://www.prearesourcecenter.org/resource/new-prea-education-videos-adult-and-juvenile-people-confinement>) During the corrective action onsite audit, the PREA Coordinator reported in her interview that the videos are shown at least once a month by the teacher in the classroom setting during one of the residents' video education days. During the resident corrective action onsite audit interviews, each of the residents confirmed they had been shown the video by the teacher, and the residents were able to clearly share the key concepts they were taught as they related to sexual safety prevention, detection, and reporting.

The facility was found to be in non-compliance with this provision of standard 115.333.

115.333 (d): 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.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Information shall be provided to juveniles about sexual abuse/assault/harassment including: prevention/intervention, self-protection, reporting, availability of medical treatment and mental health counseling. This information shall be communicated orally and in writing, in a language clearly understood by the juvenile, at intake upon arrival at the facility. Each facility shall be responsible for incorporating this information into their Detainee/Resident Handbook." The policy further states,

"1. Facilities shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

a. Each facility shall take appropriate steps to ensure that juveniles with disabilities have an equal opportunity to participate in or benefit from all aspects of SAYS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with juveniles who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, facilities shall ensure that written materials are provided in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision."

SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements states, "Interpreters as well as qualified educational personnel will be made available for juveniles that are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills."

During the onsite interview process, it was determined there were no residents in the facility who were blind, LEP, deaf, or hard of hearing to be interviewed. During the resident interviews, a detainee disclosed they had trouble reading and reported the staff read the intake information to the detainee during the intake process. The PREA Coordinator shared an MOU with the Alabama Institute for the Deaf and Blind to provide interpreter services. The PC further shared the facility was working with AIDB to translate the intake information into a braille format. The Agency Head shared that the facility had received funding from a grant to have a phone system installed. The system had kiosks where the intake information, consents, and handbooks would be readily available to the detainees to read the material to them in their language of choice and allow the detainees to confirm their understanding of the receipt of the information. The auditor observed the newly installed phone system; however, the staff and detainees reported in the onsite interviews the system was not currently in use. The Agency Head informed the auditor the contractor for the phone system would be providing training on how to use the system in the coming week. The facility Superintendent gave the auditor copies of the intake information during the onsite tour of the facility and processes. Aside from the PREA orientation, rights, and consent information, the staff gave the auditor a white envelope (Juvenile Intake Orientation Packet) that included the following documentation: PREA 115.333.1.b Statement for Student Handbook, Grievance Form 12.4-1, Detainee Handbook 11.1A, PREA Handbook-PREA 115.333, and other miscellaneous pamphlets and forms. By policy, this packet is to be given to every detainee as part of the intake process. During the resident interviews, 4 of the residents reported not receiving the Juvenile Intake Orientation Packet. One resident, who was a re-admit, shared they received the packet at a previous admission, but not this time. The PREA Coordinator shared in her interview that during the COVID restrictions, some of the PREA practices had not been fully enforced because of the quarantine protocols and safety precautions that were in place. The PC was aware that re-training might be needed to remind staff of all the PREA-required intake practices. The facility did not provide any supporting documentation that would support its contract with an agency to provide interpreter services for LEP residents. The PREA Coordinator shared the agency 'used to' have an MOU, but the agency no longer worked with SAYS to provide LEP translator services. During the interviews of staff who perform the intake process, it was noted the staff are not aware of services available to them to provide translator services to detainees. One staff disclosed that a Google translator app had been used successfully to help complete the intake process with a detainee. Another staff disclosed in the onsite interview that another detainee who spoke the same language had been used to help with the intake process. Across the board, the staff knew the importance of providing the intake information to all detainees, but they struggled with the specific process of how this would consistently occur with LEP residents. It was also noted that the Juvenile Intake Orientation Packet was only

available in English.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.333.

Corrective action:

The facility staff would benefit from retraining on the requirements of and best practices for educating detainees on their rights to be free from sexual abuse or sexual harassment. Include the importance of consistently providing detainees copies of the Juvenile Intake Orientation Packet that includes key information about their PREA rights and reporting practices. Provide facility staff with the resources to conduct intake education with an interpreter for LEP residents.

Final Findings:

In addition to the final findings and comments noted in provisions (a)-(c) of this standard, the facility has obtained a contract with a Spanish interpreter to assist in the intake process for LEP residents (the primary population for LEP residents in the facility.) The PREA Coordinator has all the intake paperwork, and the Juvenile Intake Orientation Packet translated into Spanish. The auditor confirmed the contract with the interpreter and observed paperwork in a recent resident's record who was LEP that noted the interpreter's signature as a witness to the informed consent and PREA training documents. The Master Control staff showed the auditor where the contact number for the interpreter was located and confirmed she was available for 24-hour contact. The Superintendent further confirmed that he and his staff had recently utilized the interpreter's service to assist with an LEP admission.

The facility was found to be in compliance with this provision of standard 115.333.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

The Superintendent provided samples of the intake documentation during the intake demonstration that is used to record the resident education signatures during the intake process. Two documents were identified and observed in the resident records reviewed by the auditor while onsite. These documents include the Informed Juvenile Verification/Admission Checklist and SAYS Form 115.333 Juvenile Confirmation of Receipt of PREA.

Findings:

The facility was found to be in compliance with this provision of standard 115.333.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

SAYS PREA Policy 5.1 Juvenile Orientation Admission Record Requirements states, "SAYS will also ensure that other information is continuously and readily available or visible to juveniles through posters, juvenile handbooks or other written formats." The auditor observed throughout the facility multiple posters that were provided in the hallways, classrooms, activity rooms, and outside the phone room that is regularly accessed by residents. The posters were in color and obtained the relevant information to support the prevention, detection, reporting, and response policies of the facility. It was observed that all the posters were in English and did not support residents with LEP being able to read them. Additionally, the posters were the same size as an 8.5 X 11 sheet of paper or a legal size sheet of paper. While they were professionally made, the signage was at or above eye level and tended to blend into the busy background of other signs and posters. During the resident interviews, most residents did not recall seeing the posters until the auditor pointed them out. Again, as noted previously in provisions (a.) through (d.) of this standard, the practice of providing detainees with handbooks during the intake process was not consistently being done.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.333.

Corrective action:

Consistently provide all residents with the Intake Orientation Packet. Post PREA signage in additional language(s) to support LEP residents. Consider increasing the size of the PREA signage to promote visibility to the residents.

Final Findings:

In addition to the final findings in provisions (a)-(e) of this standard, the PREA Coordinator informed the auditor that new signage had been ordered for the facility. Samples of the signage were shared with the auditor, which included English and Spanish text. The colors were bolder, and the font was increased to capture the eye of the residents and staff. During the corrective action onsite phase of the audit, the PREA Coordinator and auditor walked through the facility and discussed placement options for the posters. Her intent is to place them next to the phones and kiosks to allow the contact numbers to be readily available to residents. As well she plans to have them available in each hall and in the activity rooms and classrooms for regular programming.

The facility was found to be in compliance with this provision of standard 115.333.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.334

Evidence relied upon in making the compliance determinations:

- * SAYS PREA Policy Sexual Abuse/Assault/Harassment Training 4.3.1
- * Employee training records
- * Investigative Staff interviews
- * Investigative Staff training logs and curriculum
- * MOU with the sheriff's department

Reasoning and analysis (by provision):

115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

SAYS PREA Policy Sexual Abuse/Assault/Harassment Training 4.3.1 states, "A. Special Investigators

1. It is SAYS policy that in addition to the general training provided to all employees in paragraph (A) above, facilities shall ensure that to the extent, the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

2. Specialized training shall include:

- a) Techniques for interviewing juvenile sexual abuse victims;
- b) Proper use of Miranda and Garrity warnings;
- c) Sexual abuse evidence collection in confinement settings;
- d) The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Facilities shall maintain documentation that SAYS investigators have completed the required specialized training in conducting sexual abuse investigations using SAYS Form 115.334 Special Investigator Confirmation Receipt of PREA Training. " The PREA Coordinator noted in the pre-audit questionnaire the facility does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. However, during the onsite portion of the audit, through various staff interviews, it was discovered that the Agency Head and the PREA Coordinator are in charge of the preliminary administrative investigations and grievance reviews/reports from staff and residents. This includes a review of reports, incident documentation, camera footage, and interviewing staff and residents involved in an incident. If the incident

rises to a criminal level, the Agency Head will make the appropriate referral to the agency as identified in supporting MOUs. The Agency Head and the PREA Coordinator both shared they have not received investigative training that would support this provision of standard 115.334. The MOUs that were provided between the agency and Houston County Sheriff's Department, and the agency and Dothan City Police Department include the following clause, "In accordance with the Department of Justice PREA Juvenile Standard 115.334 Specialized training: Investigations..." and includes 5 specific criteria for this specialized training.

Findings:

The facility has been found to be in non-compliance with this provision of standard 115.334.

Corrective action:

The Agency Head and the PREA Coordinator need to obtain training as outlined in this provision of standard 115.334 to support their roles as the agency's administrative investigators of sexual abuse or sexual harassment allegations.

Final Findings:

The Agency Head, the PREA Coordinator, and the Clinical Coordinator participated in a 6-hour training course for PREA investigators. The training was provided through the Pacific Training Group. The PREA Coordinator and the Clinical Coordinator provided the auditor with the specific content of the training and were able to communicate key concepts that were addressed in the training during the biweekly consultation calls and in the corrective action onsite audit interviews. The facility staff is responsible for the administrative investigations only, and all criminal investigations will be referred to the local sheriff and police departments.

The facility has been found to be in compliance with this provision of standard 115.334.

115.334 (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

And,

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

SAYS PREA Policy Sexual Abuse/Assault/Harassment Training 4.3.1 states, "2. Specialized training shall include:

a) Techniques for interviewing juvenile sexual abuse victims;

- b) Proper use of Miranda and Garrity warnings;
- c) Sexual abuse evidence collection in confinement settings;
- d) The criteria and evidence required to substantiate a case for administrative action or prosecution referral."

As noted in provision (a.) of this standard, the facility did not identify whether they completed in-house administrative investigations. However, the onsite interviews and documentation reviews supported the Agency Head and the PREA Coordinator in conducting administrative investigations for all reports of sexual abuse and sexual harassment that are not immediately reported to 911 as a result of an onsite sexual assault. The Agency Head and the PREA Coordinator reported they had not received the specialized training as stated in the above policy statement. A review of the training records showed no documented specialized training for administrative investigators at the facility.

Findings:

The facility has been found to be in non-compliance with these provisions of standard 115.334.

Corrective action:

The Agency Head and the PREA Coordinator need to obtain training as outlined in this provision of standard 115.334 to support their roles as the agency's administrative investigators of sexual abuse or sexual harassment allegations. Submit training records for review.

Final Findings:

The Agency Head, the PREA Coordinator, and the Clinical Coordinator participated in a 6-hour training course for PREA investigators. The training was provided through the Pacific Training Group. The PREA Coordinator and the Clinical Coordinator provided the auditor with the specific content of the training and were able to communicate the specialized training included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility staff is responsible for the administrative investigations only, and all criminal investigations will be referred to the local sheriff and police departments.

The facility has been found to be in compliance with this provision of standard 115.334.

115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The auditor is not required to audit this provision.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training * Prison Rape Elimination Act for Correctional Health Care (https://www.youtube.com/playlist?list=PL73qDUL50FLmvful3uVvvC0N6xicPHQ1B) * Employee training records * Medical/Mental Health Staff interviews <p>Reasoning and analysis (by provision):</p> <p>115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.335 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>And,</p> <p>115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>SAYS PREA Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states, "A. Medical and Mental Health Staff</p> <ol style="list-style-type: none"> 1. Facilities shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained on: <ol style="list-style-type: none"> a) How to detect and assess signs of sexual abuse and sexual harassment; b) How to preserve physical evidence of sexual abuse; c) How to respond effectively and professionally to juvenile victims of sexual abuse

and sexual harassment

d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

2. When medical staff employed by the facility conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

3. Facilities shall maintain documentation that medical and mental health practitioners have received the required training either from SAYS or elsewhere using SAYS Form 115.335 Medical and Mental Health Care Staff Confirmation Receipt of PREA Specialized Training.

4. Medical and Therapists shall also receive the training mandated for employees in paragraph (a) above."

The facility noted in the pre-audit questionnaire there was 1 staff that would be considered medical or mental health staff and that 1 staff had received the Medical and Mental Health Care Staff Confirmation Receipt of PREA Specialized Training. During the onsite portion of the audit, the auditor determined that there was at least 3 staff who would fall under this category, 2 mental health and 1 medical. As well the Agency Head and the PREA Coordinator, based on licensing, would also qualify as mental health staff and would need documented specialized training. The facility did not provide the auditor with any records showing this training was provided. The 2 interviews provided to medical and mental health staff reported that they had not received specialized training pursuant to this provision. However, it was noted that the Agency Head is a licensed counselor supervisor. She shared during the interview process that the agency had received grant funding to provide community services to clients linked through the juvenile justice system with problematic sexual behaviors (PBS). While this facility is not a part of the grant program, the Agency Head and mental health providers that work with the residents in the facility have received this specialized training. The Agency Head reported that if the juvenile court approved the services and the residents screened as needing the PBS services, the mental health staff could provide the services on a case-by-case basis. As well, the medical staff interview showed the staff member had not received specialized training at the facility, but with the current licensing requirements of the staff, and the other work provided at a local hospital, the medical staff had received external training that would support the medical services provided at this facility.

Findings:

The facility was found to be in non-compliance with these provisions of standard 115.335.

Corrective action:

Provide copies of the training records for the Medical and Mental Health Staff showing the receipt of PREA Zero-Tolerance Specialized Training. Provide copies of

the training records pursuant to standard 115.331 or 115.332 for medical and mental health staff.

Final Findings:

The facility's medical and mental health staff reviewed and signed the Medical and Mental Health training acknowledgment form that was provided to the auditor for review. In addition, the PREA Coordinator provided videos to the medical and mental health staff to review that were specific to PREA and their roles within the facility. The link to the video training is <https://www.youtube.com/playlist?list=PL73qDUL50FLmvfuI3uVvvC0N6xicPHQ>

1B. The video series is titled: Prison Rape Elimination Act for Correctional Health Care and includes information on detecting and assessing signs of sexual abuse and harassment, preserving physical evidence, effective and professional responses, reporting, trauma-informed approaches, and understanding sexual trauma in custody. During the corrective active onsite visit, an interview with a mental health provider for the facility confirmed that they were provided additional training on their role in preventing, detecting, and reporting sexual abuse and harassment in the facility.

The facility was found to be in compliance with these provisions of standard 115.335.

115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility reported in the pre-audit questionnaire that the medical staff does not conduct forensic exams for this facility. The medical staff reported during the onsite interview that forensic medical exams were not a part of the staff's duties and that residents would be transported to the local hospital if these services were needed.

Findings:

This provision of standard 115.335 is not applicable to this facility.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.341 Evidence relied upon in making the compliance determinations: * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault

- * SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness (and corrective active revisions)
- * SAYS Admission Forms (1)-(4)
- * SAYS Intake Questionnaire
- * SAYS Social Services Programs (program service recommendation form)
- * Resident Record Reviews Admission Screening
- * Staff Responsible for Risk Screening interviews
- * PREA Coordinator interview
- * Resident interviews

Reasoning and analysis (by provision):

115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault on page 6, section B 1 states, "All juveniles shall be screened within 24 hours of arrival at the facility utilizing SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior." As indicated in the previous policy 13.8.1 statement, the agency requires that all juveniles are screened within 24 hours, which exceeds the 72-hour requirement set forth in the PREA standards. Part (a-4) of the PREA standard says, "The policy requires that the resident's risk level be reassessed periodically throughout their confinement.", but the SAYS policy does not indicate reassessment at any point throughout the confinement period. The SAYS screening form 115.341 that was provided as the PREA screening form was only observed in one of the resident records that were reviewed onsite. Interviews with the staff who perform the intake and screening process showed that two supervisory level staff were familiar with the screening form and how to use it, while the other staff interviewees indicated the form was not familiar to them, and they expressed uncertainty as to how they would ask the questions of the detainees. Throughout staff interviews, it was noted that all the youth detention staff are trained and responsible for completing the intake and admission process. Resident interviews also showed that the detainees were not asked the questions from SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness as a part of their intake process. The forms observed in the resident records and observed in use during the intake process while onsite were DC Forms 16.1-4 SAYS Admission Forms (1), (2), (3), and (4). These forms obtained basic demographic, legal, and health information, some of which are relevant to PREA screening but very limited in obtaining information that will assist in sexual assault and sexual victimization information gathering. It was noted that the intake admission process was

conducted with all detainees immediately upon admission and before placement in housing assignments and the general population. It was also observed in the resident records that detainees with multiple admissions to the facility were provided the same admission process each time they were admitted so that comparative data was available for staff to use in housing assignments. The admission and intake process begins in a private intake room where only the intake staff, the detainee, and the officer transporting the detainee are present. Additional informed consent and PREA resident education may occur on a bench outside of the Master Control room. This area is a higher-traffic area for staff and detainees and does not lend itself to private conversations. The PREA Coordinator and auditor had several interviews where the screening process was reviewed in detail. We processed the inconsistent use of the form while onsite, as well as the required items the facility should be assessed for housing placement and programming. The auditor shared resources to assist in fully implementing the screening tool, including relevant PRC FAQ's and archived webinars. The facility has policies and procedures identified to screen residents for sexual abuse and sexual assault risk factors. The issue is that the main PREA screening tool the facility identified as their tool for obtaining the relevant standard required components (SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness) is not consistently in use during the admissions process. A good portion of the staff interviewed who conduct screening for residents were not familiar with the form and felt they would need special training to ask the questions of detainees. Further, it was identified that the intake staff is not verbally asking the detainees about their gender identity, and this information is being received from a third party, which has been shown to increase the risk of misinformation being provided.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.341.

Corrective action:

Implement a PREA screening form and assess every resident that enters the facility within 72 hours of admission. SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness needs to be added to the admission paperwork as a tool that is used with every resident admission. The staff should receive training on how to implement this tool, including special training on how to ask and obtain sensitive questions and answers as it relates to whether the juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault should be updated to include the policy and procedure for a reassessment of youth periodically throughout the confinement at this facility.

Final Findings:

SAYS updated Policy 13.8.1 Protection for Sexual Abuse and Assault. In this update, the facility has exceeded the 72-hour time frame required in this standard and established a 24-hour time frame to complete the screening process. A review of

the resident records during the original onsite visit and the corrective action onsite visit showed that the screening process is typically completed prior to the detainee being placed in the general population at the initial intake process. Further, SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Placement and programming assignments for each transgender or intersex juvenile shall be reassessed by the PREA Manager or a Mental Health Professional after 30 days, then every 90 days thereafter to review any threats to safety experienced by the juvenile using SAYS Form 115.341a PREA Risk Reassessment." Since the corrective action began, the facility has submitted monthly copies of the SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness for all intakes. The screeners are completed within the 24-hour time frame as indicated in the policy. The auditor confirmed in screening staff interviews and resident interviews that the screeners are being completed during the detainee intake process. It is recommended that the reassessment process be made available for all detainees and not be exclusive to transgender and intersex youth.

The facility was found to be in compliance with this provision of standard 115.341.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness was observed by this auditor to be an objective screening instrument. The screener asks a series of questions that require yes/no responses from the detainee and allows for additional feedback to be noted when a yes response occurs. There is one section that asks for the staff's "observation" of the resident's physical vulnerabilities and intellectual limitations, which is by nature meant to be a subjective observation for identifying potential risk factors. The screening tool has a place to note conclusions with yes/no responses, special housing recommendations, mandatory reports that are required based on disclosed information, and follow-up with the juvenile justice system. In addition, DC Forms 16.1-4 SAYS Admission Forms (1), (2), (3), and (4) collect a series of specific historical legal, educational, medical, and mental health information pieces. {See the one missing element in section (c.) below.} The screening tool was observed by the auditor to not be an objective instrument. There is no weighted scoring system that will allow all staff to obtain the same feedback when performing the screening process on residents. The yes/no responses and comments leave the screening tool open for the interpretation of the individual screener.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.341.

Corrective action:

Update the screening tool to be an objective tool that will provide similar conclusions for housing and programming decisions no matter which staff completes the form.

Final Findings:

During the corrective action period, SAYS completed revisions to Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. The revisions allow for residents' perception of their own vulnerability, a scoring system that is objective and results in the same or similar responses from staff providing the screening, and a uniform score with associated recommendations for resident housing placement and programming. The PREA Coordinator reviewed PRC resources and consulted extensively with the auditor about the purpose of the screening tool and how to implement it effectively within their facility. The final tool that was implemented contains all the required elements as outlined in this provision of standard 115.341. The PREA Coordinator and the auditor reviewed ways she can monitor the results of the screeners over time to evaluate if revisions need to be made.

The facility was found to be in compliance with this provision of standard 115.341.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault on pages 6-7, section B, 1, a) thru j) states, "The intake screening shall consider, at a minimum, the following criteria to assess juveniles for risk of sexual victimization:

- a) Whether the juvenile has a mental, physical, or developmental disability;
- b) The age of the juvenile;
- c) The physical build of the juvenile;
- d) Whether is juvenile has previously been incarcerated;
- e) Whether the juvenile's criminal history is exclusively nonviolent;
- f) Whether the juvenile has prior convictions for sex offenses against an adult or child;
- g) Whether the juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- h) Whether the juvenile has previously experienced sexual victimization;

i) The juvenile's own perception of vulnerability; and

j) Whether the juvenile is detained solely for civil immigration purposes."

SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness in combination with DC Forms 16.1-4 SAYS Admission Forms (1), (2), (3), and (4), contain the required components for standard 115.342, with the exception of "the juvenile's own perception of vulnerability." As noted in section (a.) summary above, the admission forms were present in all resident files that were reviewed while on site, but the screening form was only present in one of the selected resident files for review. During the random staff interviews, all shared with the auditor, they are trained and responsible for completing the intake process. However, only two higher-level staff were familiar with the SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. The staff responsible for screening further shared they would like more training on the use of the tool and how to ask the questions of the detainees in a respectful manner. It was further noted by the auditor that the staff responsible for screening and intake all shared that the gender of the youth is provided by the officer or juvenile court when the facility is notified a youth is en route to the facility. The gender of the youth is not questioned nor confirmed by staff upon arrival. It was reported by one staff of an incident "a while back" where the gender of the youth was communicated to the facility as being male, the youth upon arrival had the appearance of being male, the admission forms were completed during the intake process, and the youth made it to the shower/strip search process before disclosing to staff she was biologically female. This incident was recalled by several staff during their interviews as a 'cautionary tale' of the potential limitation of not asking the resident directly about their gender identity.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.341.

Corrective action:

In addition to the updates to the screening tool as noted in provision (b.) of this standard, add language that includes allowing the resident to share their own perception of vulnerability with the screening staff.

Final Findings:

During the corrective action period, SAYS completed revisions to Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. The revisions allow for residents' perception of their own vulnerability, a scoring system that is objective and results in the same or similar responses from staff providing the screening, and a uniform score with associated recommendations for resident housing placement and programming. The PREA Coordinator reviewed PRC resources and consulted extensively with the auditor about the purpose of the screening tool and how to implement it effectively within their facility. The final tool that was implemented

contains all the required elements as outlined in this provision of standard 115.341. The PREA Coordinator and the auditor reviewed ways she can monitor the results of the screeners over time to evaluate if revisions need to be made. In addition, the PREA Coordinator provided training to the facility staff responsible for completing the screening. She shared that some of the feedback she received from her staff helped in the revisions of the form to include more specific and easily understood language. During the corrective action on-site portion of the audit, the facility staff responsible for providing the screener confirmed that the tool had been revised and the staff had received additional training on the revisions. In the interview process, the staff could clearly communicate the screener's purpose and the risk factors they looked for when assessing the incoming detainees.

The facility was found to be in compliance with this provision of standard 115.341.

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

The screening staff shared that the admission process information is obtained through direct conversation with the incoming detainee. The detainee is asked each question directly, and the staff records the detainee's responses. The feedback is documented on carbon copy forms, and a copy of the information is shared with the medical staff. The medical staff also reported in the interview process that additional medical information is recorded and used for resident screening and facility programming. SAYS policy 13.8.1 on pages 7-8 points 2-6 states,

"2. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing juveniles for risk of being sexually abusive. Juveniles may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section.

3. Should the designee identify a juvenile who requires special housing, this information shall be forwarded to a Supervisor/Counselor for disposition and appropriate room assignment and monitoring by the attending staff using SAYS Form 115.342 Room/Unit Placement.

4. Should a Room/Unit recommendation be impossible to accommodate due to a lack of available beds, the facility administrator shall create and implement a written plan of action to ensure proper supervision of the juvenile in question. This plan shall be shared with all management staff within the facility, and a copy shall be placed in the juvenile's file. Every effort shall be made to ensure that sensitive information is not exploited to the juvenile's detriment by staff or other juveniles.

5. Juveniles shall be identified as potentially assaultive (A), sexually aggressive (SAG), sexually active (SAT), victim (V), or not applicable (NA).

6. Upon completion of SAYS Form 115.341 Intake Screening, A Supervisor/ Counselor at the facility shall review the form to determine if the juvenile was identified at intake as high risk for vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior that would require special services."

Additional information is received from the transport officer and the juvenile probation office prior to and/or at the admission process. This information may include a court order, resident identifying information, and legal guardian contacts. A review of the resident records by the auditor did not find any documentation using the classification identifiers in point 5 of the above-noted policy. SAYS Form 115.342 Room/Unit Placement was observed sporadically in the resident records but did not appear to be a part of the initial housing placement decision-making process. The form was on the back of a document that seemed to be a behavioral-level system form. Additional forms identified during record reviews were the Intake Questionnaire and the Social Services Programs recommendation form.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.341.

Corrective action:

Implement a screening tool that will allow for the exchange of collaborative information between the screener and the resident to obtain helpful information that will allow for the proper placement of residents in housing and programming. Utilize the screening tool to consistently record and document the appropriate housing decisions as outlined in the facility policy.

Final Findings:

SAYS completed revisions to Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. The revisions allow for better information gathering from the resident about the risks that make the detainee vulnerable to potential sexual abuse or abusiveness. In addition to gathering relevant information, the intake screening tool is paired with Form 115.342 Room/Unit Placement. The detainee is scored from the screening tool in a way that identifies risks that may influence the room assignment and program participation. During the corrective action on-site resident interviews, the detainees reported they were screened at intake and asked questions about their history of sexual abuse or abusiveness. The staff who perform the screening reported they are completing the screening tool and then make recommendations for housing and programming upon completion of the screening. Staff reported they receive information from the probation office, from the court order, from medical, and from the counselors in the facility that also help with the placement and programming of a detainee.

The facility was found to be in compliance with this provision of standard 115.341.

115.341 (e): The agency shall implement appropriate controls on the

dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

During the onsite walk thru of the facility, the auditor observed a records room. The Superintendent showed the room to the auditor, and it was observed and verbally confirmed to be a locked room that required a key for entry. The key is maintained with the superintendent and with Master Control, who is in charge of setting up records and filing all intake paperwork. The records room has a camera inside that shows any entry/exit to the room and a full view of the filing cabinets. The staff received training on the confidentiality of the detainee records. During the staff interviews, it was noted that the staff understood confidentiality requirements and how to manage sensitive information within the facility.

Findings:

The facility was found to be in compliance with this provision of standard 115.341.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault * SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness * SAYS Form 115.342 Room Unit Placement * Q10 Monitoring Log * SAYS Mental Health Assessment/Intake * PREA Coordinator interview * Staff Responsible for Risk Screening interviews * Superintendent interview * Staff who Supervise Residents in Isolation interviews * Medical and Mental Health Staff interviews * Residents in Isolation interviews

* Transgendered/Intersex/Gay/Lesbian/Bisexual Resident interviews

Reasoning and analysis (by provision):

115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "All juveniles shall be screened within 24 hours of arrival at the facility utilizing SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Room assignments shall be made accordingly. " The facility indicated the tool used for screening is the SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness, and the supplemental form for housing unit placement is SAYS Form 115.342 Room Unit Placement. However, as identified in the discussion for PREA standard 115.341, this process is not fully implemented at this facility. While reviewing resident records onsite, testing the intake process, and completing staff/resident interviews, it was discovered that the SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness was only found in one resident record, and this was from a previous admission to the facility. In a resident interview with a resident who disclosed that they identified as transgender, the resident confirmed that they were not screened by staff at intake. The resident further shared that they were not asked about gender status and that all intake procedures, such as pat-downs and searches, were conducted based on the physical gender of the detainee, and the detainee preference was not sought. The detainee did indicate that they were "a little uncomfortable" by the intake process but that overall, the staff was "respectful and helpful." A review of this resident record found that the detainee's self-disclosed gender identity was not noted anywhere in the file, and the detainee was placed in the general population with no risk factors for sexual abuse or sexual victimization noted. The only special note was found on the SAYS Form 115.342 Room Unit Placement, which indicated under 'Room Assignment Recommendations' - "No Roommate." It should be further noted that SAYS Form 115.342 Room Unit Placement was not consistently found in the resident record reviews, and the records that did have the form did not seem to use the form as part of the admission screening process. The SAYS Form 115.342 Room Unit Placement was on the back side of a level system recommendation form that appeared to be part of a behavioral management system.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.342.

Corrective action:

Implement SAYS Form 115.342 Room Unit Placement during the intake and screening process to indicate housing and programming needs for juveniles who are

lesbian, gay, bisexual, transgender, or intersex. Implement the use of SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness for all residents entering the facility to support appropriate housing and programming assignments.

Final Findings:

Edits were made to Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. A final determination of classification is identified on the form and transferred to Form 115.342, Room Unit Placement. Additional training documentation was submitted to support the staff were trained on the new screening form, which includes completion of Form 115.342 Room Unit Placement. During the corrective action on-site interviews with the staff responsible for screening, the staff were able to communicate what they have learned about the new screening process and how this informs their determination of room assignment and programming for incoming detainees.

The facility was found to be in compliance with this provision of standard 115.342.

115.342 (b): Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "1. Facilities shall use all information obtained from SAYS Form 115.341 Intake Screening, and subsequently, to make Unit/Room, program, education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse.

2. Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from medical personnel or therapists. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing SAYS Form 115.342.1 Isolation Activity Log."

The policy clearly outlines the process for how Room Unit Placement is to be used in making decisions for keeping residents safe from sexual abuse and assault. The PREA Coordinator reported that during this audit cycle, there were zero detainees at risk of sexual victimization who were placed in isolation or who were placed in isolation who have been denied daily access to large muscle exercise and/or legally

required education or special education services. The interviews with staff who conduct intake screening also supported that no detainees were placed in isolation due to a risk of sexual victimization or assault. However, it should also be noted that these risk factors are not clearly being identified nor documented as outlined in the PREA standard discussion for 115.341. Further, the random staff interviews supported that staff is informally aware that detainees may identify as lesbian, gay, bisexual, transgender, or intersex, and the staff will informally monitor detainees during regular programming and, when numbers allow, will place the detainees in single cell units to minimize potential risks. While onsite, it was noted that the facility does not have 'isolation' units. There are two cells in the main hall next to the Master Control that are used to house detainees away from the general population. One of the cells was in use while the auditor was onsite for special housing that was not related to risk factors for sexual abuse or assault. The superintendent and detention staff interviews disclosed the detainees in the special cells were placed on Q10 checks, meaning the detainees had documented minimum 10-minute checks. The staff further indicated the detainees in these special units participated in daily programming the same as the general population detainees. These residents would have one-to-one activities that were supervised by a staff member, separate from when the other detainees might be participating. The auditor was unable to interview the detainee in 'isolation' due to the 'risk rating' of the detainee. An interview with the medical staff supported that the detainees are monitored in the special housing for medical risks. The nurse stated that the staff would maintain regular communication and submit requests for medical evaluations as needed. The mental health staff onsite further supported in the interview that detainees with special needs, including those at risk of sexual abuse or assault or those that reported sexual abuse, are referred for a mental health evaluation and counseling services while in the facility. The mental health staff reported that services are provided on a weekly basis as identified. The mental health staff shared a sample of the mental health evaluation that is used to assess the need for ongoing services while at the facility. Further review of the resident records showed examples of the Q10 documentation used to monitor at-risk youth housed in the special 'isolation' cells that showed participation in regular activities and programming.

Findings:

The facility was found to be in compliance with this provision of standard 115.342.

115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

And,

115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other

housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Findings:

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "3. Lesbian, gay, bisexual, transgender, or intersex juveniles shall not be placed in a particular unit/room or other assignments solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

4. In deciding whether to assign a transgender or intersex juvenile to a facility for male or female juveniles and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

6. A transgender or intersex juvenile's own view with respect to his or her own safety shall be given serious consideration in determining safety issues."

The facility policy supports this practice. However, it was reported time and again during the detention staff interviews that housing assignments were by biological gender as it related to which unit/hall to place a detainee on. The cells vary from single occupancy to double occupancy. The detention staff indicated that if a risk was noted, then a detainee would be placed in a single occupancy cell, with the option of using the special monitoring cell if an extreme risk. The detention staff shared that the double occupancy rooms were a 'privilege' detainees earned as they moved up in levels. The detainees further expressed in their interviews that it was good to earn a roommate because they had someone to talk to and to pass the time with. Residents and staff also indicated that if a detainee felt at risk of sexual abuse or assault, they could request a single cell room, and the staff would ask for the Q10 monitoring log to be completed on the detainee. Interviews with detainees who identified as lesbian, gay, bisexual, transgender, or intersex further supported that they were placed in the same general population cells at intake as the other residents. One detainee who identified as transgender did share that they were given the option for a special room, but the detainee felt this was not needed, and their own view was honored by staff. The PREA Coordinator shared in her interview that special housing decisions were made on a case-by-case basis, and the views of the detainees with respect to their safety were taken into consideration with these decisions. A concern while interviewing the PREA Coordinator is that she identified "no occurrences" of transgender or intersex youth being in the facility under her tenure, but the auditor identified a youth while onsite during the resident interviews. This further denotes the deficiency in the standard 115.341 screening process that was previously identified in the summary findings. At this time, housing placement and programming are based on the biological gender that is reported by the referring legal authority. All staff indicated in the interview process that if a

special case occurred that was outside the norm of the facility policy or practice, the Agency Head and/or the PREA Coordinator would be notified to make the final call on the housing assignment. Until this occurred, the detainee would be placed in the special monitoring cell or in the activity room for monitoring.

Findings:

The facility was found to be in non-compliance with these provisions of standard 115.342.

Corrective action:

Implement the use of SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness for all residents entering the facility to support appropriate housing and programming assignments. Update SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault and practice to support that housing and programming are not solely based on anatomy alone.

Final Findings:

The facility updated the policy as noted in SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "In deciding whether to assign a transgender or intersex juvenile to a facility for female or male juveniles, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis, whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems." The PREA Coordinator provided additional training documentation to support staff were trained on the new screening and room placement protocols. During the onsite portion of the corrective period, screening staff were able to communicate how room placement would be assessed for juveniles identifying as transgender or intersex. It is recommended that the facility continue to provide training on the policy updates and include scenarios and role-play activities to assist staff in the decision-making process for screening and dorm assignment.

The facility was found to be in compliance with these provisions of standard 115.342.

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

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "5. Placement and programming assignments for each transgender or intersex juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile using SAYS Form 115.341.1 PREA Risk Reassessment." While the policy indicates the screening will occur at least twice per year, as previously indicated in the standard review of 115.341, the SAYS Form 115.341 Intake Screening for Sexual Victimization and Abusiveness is not fully implemented into the practice of screening detainees. During the staff interviews, the staff were

not familiar with the form, nor were they comfortable in asking the questions to obtain the appropriate information to make programming and housing decisions based on the detainee identification or status of lesbian, gay, bisexual, transgender, or intersex. During the resident interviews, a detainee disclosed being transgender. The detainee indicated that they were not screened upon intake, and they were assigned housing based on biological gender status. The detainee had been in the facility for a couple of months and had not been rescreened since admission to the program. A review of the resident records showed that intake paperwork was completed at each admission/readmission, but the files lacked any other reassessment information that was obtained during the detainee's stay at the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.342.

Corrective action:

Provide training to detention staff on the policy and practice of conducting at least twice a year reassessment of transgender and intersex residents as it relates to placement and programming assignments, when applicable.

Final Findings:

The facility updated the policy as noted in SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Placement and programming assignments for each transgender or intersex juvenile shall be reassessed by the PREA Manager or a Mental health Professional after 30-days, then every 90 days thereafter to review any threats to safety experienced by the juvenile using SAYS Form 115.341a PREA Risk Assessment." During the corrective action on-site visit, an interview with the Master Control staff showed a spreadsheet that was created to identify detainees' names, admission dates, and two columns to identify a 30-day follow-up date and a 90-day follow-up date. The staff verbally communicated training specifics that had been completed since the last audit that, included screening and assessment protocols for admissions and the 30- and 90-day reassessments. Documentation was not available for a reassessment to be viewed based on that active resident list. The changes to the reassessment process and policy were newly implemented. However, the staff interviewed could communicate the process, and the tracking document showed that the staff understood the expectation and were monitoring the dates for implementation. It is recommended that the facility continue to provide training on policy updates.

The facility was found to be in compliance with this provision of standard 115.342.

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

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "6. A

transgender or intersex juvenile's own view with respect to his or her own safety shall be given serious consideration in determining safety issues." As noted in the discussion for part (d.) above, it does appear that staff will take into consideration that juvenile's own view with respect to his or her own safety into consideration. One detainee who identified as transgender during the resident interviews did share that they were given the option for a special room, but the detainee felt this was not needed, and their own view was honored by staff. The PREA Coordinator shared in her interview that special housing decisions were made on a case-by-case basis, and the views of the detainees with respect to their safety were taken into consideration with these decisions. A concern while interviewing the PREA Coordinator is that she identified "no occurrences" of transgender or intersex youth being in the facility under her tenure, but the auditor identified a youth while onsite during the resident interviews. This further denotes the deficiency in the standard 115.341 screening process that was previously identified in the summary findings. At this time, housing placement and programming are based on the biological gender that is reported by the referring legal authority. All staff indicated in the interview process that if a special case occurred that was outside the norm of the facility policy or practice, the Agency Head and/or the PREA Coordinator would be notified to make the final call on the housing assignment.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.342.

Corrective action:

Update the screening tool to include the transgender and intersex resident's own views with respect to their own safety.

Final Findings:

During the corrective action period, SAYS completed revisions to Form 115.341 Intake Screening for Sexual Victimization and Abusiveness. The revisions allow for residents' perception of their own vulnerability, a scoring system that is objective and results in the same or similar responses from staff providing the screening, and a uniform score with associated recommendations for resident housing placement and programming. The PREA Coordinator reviewed PRC resources and consulted extensively with the auditor about the purpose of the screening tool and how to implement it effectively within their facility. The final tool that was implemented contains all the required elements as outlined in this provision of standard 115.341. The PREA Coordinator and the auditor reviewed ways she can monitor the results of the screeners over time to evaluate if revisions need to be made. The PREA Coordinator submitted the monthly screening forms for intakes each month during the corrective action period. The screeners include the detainee's own perceptions with respect to their own safety.

The facility was found to be in compliance with this provision of standard 115.342.

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

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "7. Transgender and intersex juveniles shall shower separately from other juveniles." During the onsite tour of the facility, the auditor observed that all showers in the facility were single occupancy with locking doors and no windows. The detention staff who monitored showers shared in their interviews that the detainees are locked in the cells during shower time. A detainee is allowed to exit the cell fully clothed to obtain toiletries and a change of clothes from the staff, and the detainee will then enter the shower room, and the door closes and locks behind them. Once the detainee finishes with the shower, they knock on the door alerting the staff to unlock the shower door. The detainee is instructed that they cannot exit the shower room until fully clothed. The detainee will then hand the soiled clothing and toiletries to the staff member to be disposed of properly. The detainee is returned to the cell and locked in before the next detainee exits for showers. Each hall unit has 1-2 shower rooms per hall. All are set up the same way with a toilet, shower, bench, and locking door with no window. The resident interviews all supported this was the practice for shower time. All residents, including transgender and intersex youth, indicated they showered alone and were free from the observation of others. The auditor also observed while onsite that there were no cameras in the shower rooms for observation by Master Control.

Findings:

The facility was found to be in compliance with this provision of standard 115.342.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

And,

115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "2. Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from medical personnel or therapists. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing SAYS Form 115.342.1 Isolation Activity Log." The PREA Coordinator indicated in the PAQ and confirmed during her interview process that

there were no occurrences of a detainee at risk of sexual victimization who was held in isolation during this audit period. A review of the resident records supported that there was no SAYS Form 115.342.1 Isolation Activity Log contained in any records. The auditor was able to review a detainee record that showed a Q10 monitoring log that was completed for a detainee in the special housing cell as a result of behavioral risk factors. As noted in part (b.) above, the facility does not have 'isolation' units. There are two cells in the main hall next to the Master Control that are used to house detainees away from the general population. One of the cells was in use while the auditor was onsite for special housing unrelated to risk factors for sexual abuse or assault. The superintendent and detention staff interviews disclosed the detainees in the special cells were placed on Q10 checks, meaning the detainees had documented minimum 10-minute checks. The staff further indicated that the detainees in these special units participated in daily programming like the general population detainees. These residents would have one-to-one activities supervised by a staff member, separate from when the other detainees might be participating. The auditor could not interview the detainee in 'isolation' due to the 'risk rating' of the detainee. An interview with the medical staff supported that the detainees are monitored in the special housing for medical risks. The nurse stated that the staff would maintain regular communication and submit requests for medical evaluations as needed. The mental health staff onsite further supported in the interview that detainees with special needs, including those at risk of sexual abuse or assault, or those that reported sexual abuse, are referred for a mental health evaluation and counseling services while in the facility. The mental health staff said that services are provided every week as identified. The mental health staff shared a sample of the mental health evaluation used to assess the need for ongoing services at the facility. Further review of the resident records showed examples of the Q10 documentation used to monitor at-risk youth housed in the special 'isolation' cells that showed participation in regular activities and programming. While the facility does not use 'isolation,' the special housing unit is a way to house a detainee away from the general population. An interview with the facility's superintendent supported that detainees will be reassessed every 72 hours while in the cell. The 'reassessment' is the facility staff monitoring behaviors and conversing with the supervisory, medical, mental health, and administrative staff. The monitoring appears to be by an informal practice, as there was no documentation in the resident records to show how changes in room assignment occur, other than two records that had a level sheet with the SAYS Form 115.342 Room Unit Placement. SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault does not reflect a review to determine whether there is a continuing need for separation from the general population every 30 days.

Findings:

The facility was found to be in non-compliance with these provisions of standard 115.342.

Corrective action:

Update SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault to

include a review to determine whether there is a continuing need for separation from the general population every 30 days.

Final Findings:

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault was updated to include the following language, "8. If a juvenile is isolated, the facility shall clearly document:

- a. The basis for the facility's concern for the juvenile's safety and,
- b. The reason why no alternative means of separation can be arranged.

9. Every 30 days, the facility shall afford each juvenile described in paragraph #8 a review to determine whether there is a continuing need for separation from the general population."

A review of detainee records in the corrective action on-site audit showed that Form 115.342 Room Unit Placement had been fully implemented into the resident records as part of the intake process. During the corrective action onsite audit, the resident and staff interviews indicated that isolation had not occurred. A special monitoring cell is utilized for detainees dealing with behavioral management or mental health safety concerns. Detainees placed in this cell still participate in regularly scheduled programming and activities. As noted in provision (e) of this standard, the staff have participated in training on the new screening and reassessment process, as evidenced by the signed training logs. It is recommended that the facility continue to provide training on policy updates.

The facility was found to be in compliance with these provisions of standard 115.342.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">* Southeast Alabama Child Advocacy Center signed MOU* House of Ruth signed MOU* SAYS Policy 1.28 Youth Grievance Process* SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault

- * SAYS Policy 13.8.1 (a) Immigration: Civil Immigrants' Rights to be Free from Sexual Assault and Sexual Harassment
- * SAYS Youth Grievance Form {English and Spanish}
- * SAYS Form 115.354 PREA Third Party Reporting Form {English and Spanish}
- * Agency website: <https://www.saysdothan.com/prea>
- * Random Staff interviews
- * Residents who Report Sexual Abuse interviews
- * PREA Coordinator interview
- * Resident interviews

Reasoning and analysis (by provision):

115.351 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

And,

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

The facility has a policy, SAYS Policy 1.28 Youth Grievance Process, that outlines the process for a resident to file a grievance and the response protocols of the agency. SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault further clarifies, "A. Reporting an Allegation of Sexual Assault:

1. Juveniles who are victims of sexual abuse/assault/harassment have the option to report the incident to any staff member in addition to an immediate point-of-contact line staff member.
2. Juveniles may also report sexual abuse/assault/harassment to a public or private entity, such as the Child Advocacy Center (CAC), that is not a part of SAYS, and they can immediately forward the juvenile's report to the SAYS PREA Coordinator.
3. Juveniles may use the SAYS Form 12.4-1 Juvenile Grievance Form, available in each unit/room and in the school, to report sexual abuse/harassment, or they may make a verbal report to their SAYS Advocacy Representative.
4. Juveniles or others may report allegations to the Houston County Department of Human Resources (334-677-0400), which may be accessed 24 hours a day.
5. A third-party reporting form, SAYS Form 115.354 Third Party Reporting for Sexual Abuse and Sexual Assault, and Sexual Harassment is also available on the SAYS

PREA website for reporting allegations."

During the onsite audit facility tour, the auditor observed signage throughout the facility that identified different ways for residents to report sexual abuse or sexual harassment. The contact numbers identified in this policy were also posted outside the phone room where detainees were allowed to make confidential calls. The Intake Orientation Packet contained handbooks and PREA information sheets that document reporting procedures for residents and the contact information for making these reports. In the resident record reviews, all detainees had signed they received this information at intake. However, as noted previously in standard 115.333 provisional discussions, there were several detainees that reported during the resident interviews that they had not received this information. Additionally, the auditor observed during the facility tour there was one grievance box that was located in the main classroom, which also served as the cafeteria area. The grievance box was next to the teacher's desk and was in a high-traffic area. This observation noted that the ability to provide anonymous reports was minimal. The residents interviewed indicated that grievance forms were only accessible upon request from a staff member or while the residents were in school. Also, the residents were only allowed writing utensils when in the classroom, which prevented them from being able to complete a grievance other than when class was in session. This proved to be problematic because when the auditor was onsite, the facility was on a holiday break, and the residents had not had class in several days. The residents and staff reported this educational break did limit the resident's access to writing utensils to complete a grievance form. During the resident interviews, the residents did note that a trusted staff could be informed of a resident report if needed, a resident could inform their legal guardian during the weekly phone calls or during visitation, or the resident could write a letter to their attorney/judge with the expectation of the communication being confidential. One resident did disclose in their interview that the residents were not comfortable writing grievances because the staff was told what was in the grievances, and this could cause negative consequences in the facility. The staff interviewed reported that if they received a resident report of sexual abuse or sexual harassment, they would immediately notify the supervisor on shift or Superintendent, who would then notify the PREA Coordinator or Agency Head. At the outset of the audit, the PREA Coordinator was informed by the auditor that the PREA Hotline number noted in the handbooks and made available to residents was not the proper number to be utilized as the 24-hour hotline number for immediate resident reporting. This number was associated with another certifying agency of the facility. The number would result in the PREA Coordinator being notified of the report, but it was not a timely notification and would not be linked to victim advocacy or supportive services for the resident. The facility has entered into an MOU with the Southeast Alabama Child Advocacy Center to provide victim services. The PREA Coordinator indicated in her interviews that the resident information packets would be updated with the new information. It was also noted in the staff interviews the detention staff are trained by law to be mandatory reporters. The staff interviews showed the staff are aware of this reporting requirement and could verbalize to the auditor the steps that would be taken if a CAN report needed to be filed. Samples of CAN reports, and

the resulting findings, were provided to the auditor for review.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.351.

Corrective action:

Provide residents with clear and unimpeded access to forms and resident PREA educational material that will allow for the immediate reporting of sexual abuse and sexual harassment by a resident.

Final Findings:

The facility ordered and installed new grievance boxes and placed them in areas that were more accessible to the residents. During the corrective action onsite facility tour, the PREA Coordinator showed the auditor where the boxes were placed and shared the reasoning for this placement. Locations included but were not limited to the unit halls and one next to the door of the nurse's office. The new boxes have a slot on the side where grievance forms are placed, which limits the need for residents to ask staff for a form. In addition, the facility has placed a grievance form in each of the Juvenile Intake Orientation envelopes. During the corrective action onsite audit resident interviews, it was noted that the residents were aware of the new boxes and could communicate how to report sexual abuse or harassment if needed.

The facility was found to be in compliance with this provision of standard 115.351.

115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Juvenciles may also report sexual abuse/assault/harassment to a public or private entity, such as the Child Advocacy Center (CAC), that is not a part of SAYS, and they can immediately forward the juvenile's report to the SAYS PREA Coordinator." SAYS PREA Policy 13.8.1 (a) Immigration: Civil Immigrants' Rights to be Free from Sexual Assault and Sexual Harassment states, "It is the policy of Southeast Alabama Youth Services that juveniles detained at SAYS facility, solely for civil immigration purposes, will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. SAYS Will provide all protections and insurances afforded to juveniles under the zero-tolerance policy stated in SAYS PREA Policy 13.8.1. SAYS will make available an interpreter, if

needed, to ensure all necessary communications." See provision (a.) of this standard for a full discussion on resident reporting protocols and findings. In addition, it should be noted that the facility signage and resident education materials are not available in any other language than English. The facility staff noted during the interviews that translator services are not readily available for staff to use with residents during the admission process or thereafter. The lack of translator services limits the ability of LEP residents to report and staff to receive immediate reports of sexual abuse and sexual harassment.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.351.

Corrective action:

Obtain translator services that will allow intake staff to educate LEP residents on reporting procedures for sexual abuse and sexual harassment. Translate intake educational literature in a language(s) to meet the needs of LEP residents served. Post signage within the facility with outside agency contact numbers and information in a language(s) to meet the needs of LEP residents served.

Final Findings:

The facility ordered and installed new grievance boxes and placed them in areas that were more accessible to the residents. During the corrective action onsite facility tour, the PREA Coordinator showed the auditor where the boxes were placed and shared the reasoning for this placement. Locations included but were not limited to the unit halls and one next to the door of the nurse's office. The new boxes have a slot on the side where grievance forms are placed, which limits the need for residents to ask staff for a form. In addition, the facility has placed a grievance form in each of the Juvenile Intake Orientation envelopes. During the corrective action onsite audit resident interviews, it was noted that the residents were aware of the new boxes and could communicate how to report sexual abuse or harassment if needed. New PREA posters have been ordered by the PREA Coordinator, and samples were provided for the auditor to review. The posters will include English and Spanish versions. The facility has entered into an MOU with a Spanish-speaking interpreter to serve its primary population of LEP detainees. The Juvenile Intake Orientation packet was translated into Spanish, which includes a Spanish version of the grievance form. At the time of the corrective action onsite audit, there were no LEP residents to interview to verify their understanding of the reporting process. However, a review of resident records showed a recently discharged detainee who had utilized the interpreter services for the intake process and other supportive programming activities. The facility has entered into an MOU with House of Ruth, which will provide a 24-hour hotline number for resident and staff reporting. The new phone kiosk system has the sexual abuse hotline number as a direct dialing option for residents without staff involvement. The auditor tested the number while onsite and received an email from the PREA Coordinator when she received confirmation from the test. In addition, the PREA Coordinator conducted

further testing of the number with a juvenile and provided the auditor with that information. The facility is working with the kiosk company to update the service to include other PREA information and educational materials as appropriate. The resident intake and orientation paperwork was also updated with the new contact information for the House of Ruth and the Child Advocacy Center. During the corrective action onsite resident interviews, the residents were able to communicate to the auditor where to locate the advocacy and hotline phone numbers within the orientation packets and on the poster signage.

The facility was found to be in compliance with this provision of standard 115.351.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "The facility shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the facility's designated investigators, to the SAYS PREA Coordinator, Programs and Client Services/Community Services." The policy further indicates, "Any employee shall immediately report to their Manager/Supervisor any knowledge, suspicion, or information they receive regarding an incident of sexual assault/harassment that is alleged to have occurred. The Manager/Supervisor shall immediately notify the Executive Director/Residential Services Director/PREA Coordinator, who shall then initiate a critical incident report using SAYS Form 8.12 Critical Incident Report as outlined in SAYS Policy 12.2-1. An investigation shall be conducted and documented whenever a sexual assault is alleged, threatened, or occurs." A review of the agency website showed the reporting contact numbers and made available for download the SAYS Form 115.354 PREA Third Party Reporting Form. The staff interviewed reported that if they received a resident report of sexual abuse or sexual harassment, they would immediately notify the supervisor on shift or Superintendent, who would then notify the PREA Coordinator or Agency Head. The staff further reported that they would receive a report of sexual abuse and sexual harassment in any format provided, verbally, in writing, anonymously, or from a third party, and would immediately notify the supervisor of the report for documentation and investigation.

Findings:

The facility was found to be in compliance with this provision of standard 115.351.

115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

SAYS Policy 1.28 Youth Grievance Process was uploaded as the policy that addresses how staff could privately report sexual abuse and sexual harassment of residents. However, upon review of the policy, the private reporting methods for staff were not identified in this policy. SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault was also reviewed, but staff private reporting procedures were not identified in this policy, either. Staff interviews showed that staff are aware of ways to privately

report sexual abuse or sexual harassment of residents. The different ways, as reported during the staff interviews, included notifying a higher-level staff member, completing a grievance form anonymously, calling one of the hotline numbers, or completing a third-party reporting form. A review of the staff training records showed the staff does receive training that includes reporting procedures for sexual abuse and sexual harassment of a resident.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.351.

Corrective action:

Update the appropriate PREA policy to show how the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Final Findings:

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault outlines the reporting procedures for residents in section D and for staff in section E. This reporting protocol includes information for the use of the third-party reporting form. This form is located on the facility website and includes a version for LEP reporters. During the corrective action onsite phase of the audit, random staff interviews supported that the staff understood how, when, and to whom to report sexual abuse and harassment. The staff was aware of the facility website and the third-party reporting form.

The facility was found to be in compliance with this provision of standard 115.351.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 1.28 Youth Grievance Process * SAYS Form 12.4.1 Youth Grievance Form * Juvenile Intake Orientation Packet, Form - You Have A Right To Be Safe From Sexual Violence * Agency website: https://www.saysdothan.com/prea

- * Onsite tour of the facility and observation of signage related to reporting
- * PREA Coordinator interview
- * Superintendent interview
- * Random Staff interviews
- * Resident interviews
- * Residents who Reported Sexual Abuse interviews

Reasoning and analysis (by provision):

115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

SAYS Policy 1.28 Youth Grievance Process states, "It is the policy of the Southeast Alabama Youth Services to provide a problem-solving process for youth to grieve any action, incident, living condition, dispute, or the application of any departmental policy or practice which they believe to be unjust, detrimental, or a violation of their rights." The agency has a developed grievance procedure that covers the policy and practice of addressing internal resident grievances. During the onsite audit staff reports, it was concluded that the PREA Coordinator and the Agency Head are responsible for investigating and completing the grievance documentation findings.

Findings:

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

SAYS Policy 1.28 Youth Grievance Process states, "E. Grievance Procedures to Address Sexual Abuse"

1. SAYS Advocacy shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse.
2. SAYS Advocacy shall not require a juvenile to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.
3. Nothing in this section shall restrict SAYS's ability to defend against a lawsuit filed

by a juvenile on the ground that the applicable statute of limitations has expired."

The random staff interviews showed that staff is aware the residents can make a report of sexual abuse and sexual harassment at any time. The Superintendent interview supported that residents may wait until certain staff are on shift because the residents feel more comfortable with that staff member when reporting. The resident interviews showed the residents are aware of the grievance process, and the residents are aware they can make reports to any staff member as they feel comfortable. The PREA Coordinator shared in her interview that residents are not required to resolve an allegation of sexual abuse with a staff member. The residents at intake receive an Intake Orientation Packet that contains a copy of the grievance form and the grievance practice to educate them on the grievance process. (As noted in a previous standard discussion, the staff needs to receive training on how to clearly communicate this practice with residents and how to consistently provide residents with the educational, informational packet upon arrival.)

Findings:

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (c): The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

SAYS Policy 1.28 Youth Grievance Process states, "SAYS Advocacy Representatives shall ensure that juveniles who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint." The facility has established a policy and procedure for allowing residents to file a grievance without having to submit the information to the staff member who is the subject of the complaint. During the random staff interviews, the staff shared that a resident could file a grievance with anyone they choose. The staff provided multiple verbal examples during the interview process where a resident was not comfortable with one staff on shift and waited until another staff arrived to let them know about a grievance. (Examples provided were not related to sexual abuse or sexual harassment.) The residents also reported in their interviews that if they did not feel comfortable talking to one staff member, they would wait until the next person came on shift, or they would ask to speak with the supervisor. When speaking with the higher-level staff, Superintendent, PREA Coordinator, and Agency Head, it was noted that if a complaint was related to any of them, the next person in the chain of command would be notified to address the grievance. In addition, during the corrective phase of the audit, the facility added additional grievance boxes within the common areas of the detainees that allowed for easier access and more anonymity in reporting a grievance, including sexual abuse or harassment.

Findings:

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (d): (1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for the reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

SAYS Policy 1.28 Youth Grievance Process states, "E. Grievance Procedures to Address Sexual Abuse"

5. SAYS Advocacy shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

6. Computation of the 90-day time period shall not include time consumed by youths in preparing any administrative appeal.

7. The SAYS Advocate Representative/Special Investigator often works cases together and may be allowed to claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The SAYS Advocate Representative/Special Investigator shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

8. At any level of the grievance process, including the final level, if the youth does not receive a response within the time allotted for the reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level."

The agency has established a formal grievance policy that addresses the key components of this provision of standard 115.352. The PREA Coordinator shared in her interview this is the process for addressing resident grievances. The PC shared that during this 12-month audit period, there were no reporting allegations of sexual abuse at the facility, and therefore no grievances that were completed in 90 days or subject to an extension. The PC shared grievances, once received, are typically responded to within 24-48 hours of receipt of the grievance. The PC shared examples of non-sexual abuse grievances to show how this process is documented and communicated. At the time of the audit, there were no residents who reported sexual abuse available to interview.

Findings:

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. (2) 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 agreed 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

SAYS Policy 1.28 Youth Grievance Process states, "E. Grievance Procedures to Address Sexual Abuse

9. Third parties, including fellow youths, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing grievances relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of youths.

10. If a third party, other than a parent or legal guardian, files a grievance on behalf of a youth, the SAYS Advocate Representative may require as a condition of processing the grievance that the alleged victim agrees to have the grievance filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the grievance process.

11. If the youth declines to have the grievance processed on his or her behalf, the SAYS Advocate shall document the youth's decision.

12. A parent or legal guardian of a youth shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such youth. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf."

The agency has developed a policy and practice that meets the provisional requirements of this standard. The PREA Coordinator indicated in her interview these were the steps she and the Agency Head would take to resolve a sexual abuse allegation. During the resident interviews, it was noted the residents understood their rights to complete and assist another resident in filing a good-faith report of sexual abuse. The residents further reported they knew they could tell their legal guardians during weekly calls, visitation, or through letter writing. The PREA Coordinator and Superintendent indicated in their interviews that they would receive a grievance in any format and from any person. The Superintendent shared that a grievance would be accepted even if the resident was not in agreement

because there may be times when a resident is feeling pressured not to file a grievance. The facility has PREA signage posted throughout the facility with contact information for outside agencies, as well as different ways a resident can report an allegation of sexual abuse. A review of the website shows the facility has made available to PREA Zero-Tolerance Policy, the agency contact numbers, and a Third-Party Reporting form that is available for download. It was noted by the auditor the PREA hotline number posted in the facility and in the resident handbooks needs to be updated. The contact information provided is not what is intended by the spirit of this standard. The hotline number goes to one of the facility's certifying agencies. While the number would reach someone who would make a report to the PREA Coordinator and the Agency Head, the number is not a 24-hour hotline that would result in the immediate victim services needed for a resident reporting sexual abuse. The PREA Coordinator reported the facility has entered into an MOU with Southeast Alabama Child Advocacy Center to provide these services. She further indicated the resident materials would be made available with the updated contact information. It was also noted during the staff interviews and through observations of signage throughout the facility that translation services are not readily available to assist residents and families who are LEP. The PREA Coordinator shared in her interview the facility MOU with their current translator services had expired, and she was looking for a new service provider.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.352.

Corrective action:

Identify the appropriate PREA hotline number for the agency that will result in residents who report sexual abuse receiving timely intervention and service provision. Update the resident educational materials and PREA signage with the new contact information. Update the MOU with a translation service provider to assist with the reporting of sexual abuse by LEP residents and families. Provide signage and resident educational materials in a language(s) that meets the needs of LEP residents.

Final Findings:

The facility ordered and installed new grievance boxes and placed them in areas that were more accessible to the residents. During the corrective action onsite facility tour, the PREA Coordinator showed the auditor where the boxes were placed and shared the reasoning for this placement. Locations included but were not limited to the unit halls and one next to the door of the nurse's office. The new boxes have a slot on the side where grievance forms are placed, which limits the need for residents to ask staff for a form. In addition, the facility has placed a grievance form in each of the Juvenile Intake Orientation envelopes. During the corrective action onsite audit resident interviews, it was noted that the residents were aware of the new boxes and could communicate how to report sexual abuse or harassment if needed. New PREA posters have been ordered by the PREA

Coordinator, and samples were provided for the auditor to review. The posters will include English and Spanish versions. The facility has entered into an MOU with a Spanish-speaking interpreter to serve its primary population of LEP detainees. The Juvenile Intake Orientation packet was translated into Spanish, which includes a Spanish version of the grievance form. At the time of the corrective action onsite audit, there were no LEP residents to interview to verify their understanding of the reporting process. However, a review of resident records showed a recently discharged detainee who had utilized the interpreter services for the intake process and other supportive programming activities. The facility has entered into an MOU with House of Ruth, which will provide a 24-hour hotline number for resident and staff reporting. The new phone kiosk system has the sexual abuse hotline number as a direct dialing option for residents without staff involvement. The auditor tested the number while onsite and received an email from the PREA Coordinator when she received confirmation from the test. In addition, the PREA Coordinator conducted further testing of the number with a juvenile and provided the auditor with that information. The facility is working with the kiosk company to update the service to include other PREA information and educational materials as appropriate. The resident intake and orientation paperwork was also updated with the new contact information for the House of Ruth and the Child Advocacy Center. During the corrective action onsite resident interviews, the residents were able to communicate to the auditor where to locate the advocacy and hotline phone numbers within the orientation packets and on the poster signage.

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

SAYS Policy 1.28 Youth Grievance Process states, "E. Grievance Procedures to Address Sexual Abuse

14. After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the Manager/Supervisor shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the PREA Coordinator and Executive Director, who will then notify the SAYS Special Investigation Unit

15. SAYS Special Investigation Unit, at which time immediate corrective action may

be taken. SAYS Advocacy/Special Investigation Unit shall provide an initial response within 48 hours and shall issue a final decision within 5 calendar days. The initial response and final decision shall document Advocacy/SAYS Special Investigation Unit's determination whether the juvenile is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

The agency has developed a policy and practice that meets the provisional requirements of this standard. The PREA Coordinator indicated in her interview these were the steps she and the Agency Head would take to resolve a sexual abuse allegation. The PREA Coordinator reported there were no allegations of sexual abuse during this reporting period. A review of the resident records and investigation documentation provided by the facility supported this was the case. During the resident and staff interviews, the auditor further confirmed there were no reports of sexual abuse that were reported or investigated during the audit cycle. The auditor confirmed through a Google search of the facility, through contact with local agencies that would have received communications of allegations of sexual abuse, and through email communication with JDI that no such allegations occurred during this audit period.

Findings:

The facility was found to be in compliance with this provision of standard 115.352.

115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

SAYS Policy 1.28 Youth Grievance Process states, "F. Grievances Filed in Bad Faith

Facilities may discipline youth for filing a grievance related to alleged sexual abuse/ assault/harassment only where the facility demonstrates that the juvenile filed the grievance in bad faith. The facility shall use the regular disciplinary actions and pre-established sanctions should be applied." The resident Intake Orientation Packet contains a document titled "You Have the Right to BE Safe from Sexual Violence." This document contains a section titled "Honesty in Filing Allegations." This document informs residents of the following, "...However, not being honest when filing allegations of physical abuse, sexual misconduct, or sexual assault is also very serious and treated as such by staff. Juveniles who make false allegations may be charged with a Major Rule Violation and/or be criminally charged."

The facility has established a policy and practice that meets the provisional requirements of this standard. The PREA Coordinator indicated in her interview these were the steps she and the Agency Head would take to resolve a sexual abuse allegation. The process of false allegations has been outlined in staff policy, as well as communicated to residents in the intake and orientation PREA educational materials. The PREA Coordinator reported in her interview there were no incidents of false reports of sexual abuse noted during this audit period.

Findings:

	The facility was found to be in compliance with this provision of standard 115.352.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * Ways to Report Sexual Violence pdf (Observed as posters while onsite) * Southeast Alabama Child Advocacy Center Signed MOU * House of Ruth Signed MOU * SAYS Youth Safety Guide * SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault * SAYS Policy 13.8.1 (a) Immigration: Civil Immigrants' Rights to be Free from Sexual Assault and Sexual Harassment * SAYS What You Should Know about Sexual Abuse & Assault pamphlet * Resident record reviews with signed informed consent and admission checklist * Superintendent interview * PREA Coordinator interview * Random Staff interviews * Resident interviews * Residents who Reported a Sexual Abuse interviews <p>Reasoning and analysis (by provision):</p> <p>115.353 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and</p>

agencies, in as confidential a manner as possible.

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Facilities shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible."

During the onsite audit facility tour, the auditor observed signage throughout the facility that identified different ways for residents to access victim advocates and outside supportive services. The contact numbers identified in this policy were also posted outside the phone room where detainees were allowed to make confidential calls. The Intake Orientation Packet contained handbooks and PREA information sheets that document the contact information for accessing these services. In the resident record reviews, all detainees had signed they received this information at intake. However, as noted previously in standard 115.333 provisional discussions, there were several detainees that reported during the resident interviews that they had not received this information. The residents were only allowed writing utensils when in the classroom, which prevented them from being able to complete letter-writing activities other than when the class was in session. This proved to be problematic because when the auditor was onsite, the facility was on a holiday break, and the residents had not had class in several days. The residents and staff reported this educational break did limit the resident's access to writing utensils. During the resident interviews, the residents did note that staff could be informed if supportive services were needed, a resident could inform their legal guardian during the weekly phone calls or during visitation, or the resident could write a letter to their attorney/judge with the expectation of the communication being confidential. The residents could also use the phone to make calls to supportive services or speak to the Agency Head or PREA Coordinator to have access to the facility therapist to assess the need for such services. At the outset of the audit, the PREA Coordinator was informed by the auditor that the PREA Hotline number noted in the handbooks and made available to residents was not the proper number to be utilized as the 24-hour hotline number for immediate resident reporting or for supportive services. This number was associated with another certifying agency of the facility. The number would result in the PREA Coordinator being notified of the report, but it was not a timely notification and would not be linked to victim advocacy or supportive services for the resident. The facility has entered into an MOU with the Southeast Alabama Child Advocacy Center to provide the victim and supportive services. The PREA Coordinator indicated in her interviews that the resident information packets would be updated with the new information. A review of the resident Youth Safety Guide: Your Safety 2022 shows that some of the resident education material had been updated with the appropriate contact information. A Mental Health staff for the agency was interviewed, and it was noted

that residents who request supportive services will receive an assessment, and the staff will coordinate with the juvenile justice system to assist with obtaining those services. The Mental Health staff reported they are available to provide weekly counseling services on a case-by-case basis.

SAYS PREA Policy 13.8.1 (a) Immigration: Civil Immigrants' Rights to be Free from Sexual Assault and Sexual Harassment states, "It is the policy of Southeast Alabama Youth Services that juveniles detained at SAYS facility, solely for civil immigration purposes, will be provided information on how to contact relevant consular officials, and relevant officials of the Department of Homeland Security. SAYS will provide all protections and insurances afforded to juveniles under the zero-tolerance policy stated in SAYS PREA Policy 13.8.1. SAYS will make available an interpreter, if needed, to ensure all necessary communications." In addition, it should be noted that the facility signage and resident education materials are not available in any other language than English. The facility staff noted during the interviews that translator services are not readily available for staff to use with residents during the admission process or thereafter. The lack of translator services limits the ability of LEP residents to report and staff to receive immediate reports of sexual abuse and sexual harassment.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.353.

Corrective action:

Update the phone numbers and resident education materials to include the appropriate contact numbers for victim supportive services. Obtain translator services that will allow LEP residents to access supportive services. Translate the signage and resident education materials into a format that LEP residents can understand.

Final Findings:

New PREA posters have been ordered by the PREA Coordinator, and samples were provided for the auditor to review. The posters will include English and Spanish versions. The facility has entered into an MOU with a Spanish-speaking interpreter to serve its primary population of LEP detainees. The Juvenile Intake Orientation packet was translated into Spanish, which includes a Spanish version of the grievance form. At the time of the corrective action onsite audit, there were no LEP residents to interview to verify their understanding of the reporting process. However, a review of resident records showed a recently discharged detainee who had utilized the interpreter services for the intake process and other supportive programming activities. The facility has entered into an MOU with House of Ruth, which will provide a 24-hour hotline number for resident and staff reporting. The new phone kiosk system has the sexual abuse hotline number as a direct dialing option for residents without staff involvement. The auditor tested the number while onsite and received an email from the PREA Coordinator when she received

confirmation from the test. In addition, the PREA Coordinator conducted further testing of the number with a juvenile and provided the auditor with that information. The facility is working with the kiosk company to update the service to include other PREA information and educational materials as appropriate. The resident intake and orientation paperwork was also updated with the new contact information for the House of Ruth and the Child Advocacy Center. During the corrective action onsite resident interviews, the residents were able to communicate to the auditor where to locate the advocacy and hotline phone numbers within the orientation packets and on the poster signage.

The facility was found to be in compliance with this provision of standard 115.353.

115.353 (b): The facility shall 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.

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "Facilities shall inform juveniles, 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."

SAYS Detainee's Handbook of Rules Form 11.1A explains the process for phone calls, visits, and mail. It was observed by the auditor that the documentation does not provide sufficient detail as to how the residents' mail, calls, and visits are monitored through recording technology or staff review. A review of the informed consent and confidentiality documents also lacks this information. The interview with Master Control staff identified that resident phone calls are recorded, except for one line that is reserved for attorney-privileged calls. The MC staff further disclosed that all mail is scanned for content prior to being sent out, and for all incoming resident mail; the exception is privileged mail with the legal court representatives. The auditor observed while onsite that this was the process. There was a "mailbox" in the Master Control Room that contained a letter for a resident to be mailed out. The letter was open, and paper clipped to an envelope. The auditor observed that staff are trained on mail procedures. The training specifically indicates that mail is "read, censored, or rejected when based on legitimate facility interest of order and security." It further states, "CONFIDENTIAL CORRESPONDENCE: Mail originating from Governmental Officials, Congressmen, Judges, Attorneys, Court Officials, Department of Youth Services, Department of Human Resources, or Juvenile Probation Officers shall be given directly to the detainee or mailed as soon as possible. This type of mail, incoming or outgoing, shall **never be opened.**" The facility tour showed there is a 'Zoom Room' that is used for confidential court proceedings and where another non-monitored phone is located for resident use. During the resident interviews, it was reported the residents are aware their calls and mail are monitored, except when privileged communication with a court official. The residents report being informed of this during the intake process. Again, the Agency Head shared that the installation of a new phone and kiosk system was in place. She reported the phones would be monitored through a third-party agency,

and she would be notified when any 'trigger words' were recorded.

Findings:

The facility is found to be in compliance with this provision of standard 115.353.

It is recommended that when the new phone kiosk system is fully implemented, the resident informed consent is updated to include the new practices. Also, update the SAYS policies and procedures to cover this new system and its use.

115.353 (c): The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency has a signed MOU with Southeast Alabama Child Advocacy Center "to establish available assistance from the CAC for residents of SAYS with confidential, emotional support services when allegations of sexual assault and/or sexual abuse are noted.

Background

In accordance with the department of Justice PREA Juvenile Standard 115.353, **Resident access to outside support services and legal representation.** The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements." The MOU was entered into between SAYS and CAC on June 28, 2022, and "will remain into effect until modified or terminated by any one of the partners by mutual consent."

A review of the signage at the facility shows that this service is disclosed to residents and staff, with contact information. The residents receive this contact information in the Intake Orientation Packet upon admission. The PREA Coordinator shared in her interview that she and the Agency Head would coordinate services for the residents on a case-by-case basis as reports of sexual abuse are received. It was also noted that the agency employs Mental Health staff who are available to provide supportive counseling services while at the facility. A resident who disclosed prior victimization during the intake process was interviewed, and they indicated they were offered and are receiving supportive counseling services through the agency's Mental Health therapist. During the corrective action phase of the audit, the facility entered into an MOU with the House of Ruth to provide crisis services and a sexual abuse reporting hotline. These services are reported to the residents in the Intake Orientation Packet, and the number is located on the new PREA signage. Also, the hotline is a direct line the juveniles can access through the phone kiosk system.

	<p>Findings:</p> <p>The facility is found to be in compliance with this provision of standard 115.353.</p> <p>115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>"I. Juvenile Access to Outside Support Services and Legal Representation:</p> <p>4. Facilities shall also provide juveniles with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."</p> <p>SAYS Detainee's Handbook of Rules Form 11.1A explains the process for phone calls, visits, and mail. A review of the informed consent and admission checklist forms that are reviewed and signed by intake staff and residents supports the residents are receiving this education on this process during the intake process. The residents reported in their interviews they receive regular weekly phone calls and family visits as part of the programming at the facility. The detention staff also reported in the interviews that residents are allowed to make weekly phone and receive approved scheduled family visits on the weekends. See provision (b.) of this standard for a more detailed discussion of the confidential mail and legal representation communications.</p> <p>Findings:</p> <p>The facility is found to be in compliance with this provision of standard 115.353.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * Test of the 3rd party reporting procedures * Agency website: https://www.saysdothan.com/prea * SAYS Form 115.354 Third Party Reporting for Alleged Sexual Abuse, Sexual Assault, and Sexual Harassment {English and Spanish} * SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault * PREA Coordinator interview

Reasoning and analysis (by provision):

115.354 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of a resident.

SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault states, "D. Reporting an Allegation of Sexual Assault

5. A third-party reporting form, SAYS Form 115.354 Third Party Reporting for Sexual Abuse and Sexual Assault, and Sexual Harassment is also available on the SAYS PREA website for reporting allegations." A review of the website, <https://www.saysdothan.com/prea>, showed that under the 'About' tab is another tab labeled 'PREA.' Scrolling to the bottom of this page, you will find the following statement, "You may also report using the Third-Party Reporting for Sexual Abuse/ Assault/Harassment (link)." A blue icon is available labeled 'Alleged Abuse Form.' By clicking on this icon, the Third-Party Reporting form will be downloaded. The form allows for a description of the incident, who was involved, the date and time of the incident, as well as the contact information for the PREA Coordinator to receive the report. A concern, as noted previously, is the information is only available in English formats. The signage within the facility is also only available in English, which limits access for LEP residents and their families from accessing the information. The PREA Coordinator reported there were no incidents of sexual abuse being reported during this audit cycle through a third-party format. The auditor is awaiting a demonstration of how a third-party report would be managed by the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.354.

Corrective action:

Respond and demonstrate the documented steps for investigating a third-party report received from the website communication guidelines. Update the translator service agreement to provide access to facility staff to communicate with LEP residents. Have the resident forms and third-party forms available in formats that serve LEP residents and families. Update signage within the facility that describes how to conduct a third-party report in the language(s) that allow LEP residents and their families to access sexual abuse reporting at this facility.

Final Findings:

During the corrective action phase of the audit, the facility entered into an MOU with a Spanish-speaking interpreter to serve the primary population of LEP detainees. The facility had the Juvenile Intake Orientation Packet translated into Spanish. In addition, the Third-Party Reporting Form was translated into Spanish. The PREA Coordinator uploaded the Third-Party Reporting forms to the website, including the

	<p>Spanish version. New PREA posters have been ordered by the PREA Coordinator, and samples were provided for the auditor to review. The posters will include English and Spanish versions. The facility has entered into an MOU with a Spanish-speaking interpreter to serve its primary population of LEP detainees. At the time of the corrective action onsite audit, there were no LEP residents to interview to verify their understanding of the reporting process. However, a review of resident records showed a recently discharged detainee who had utilized the interpreter services for the intake process and other supportive programming activities. During the corrective action phase of the audit, the PREA Coordinator responded to a 'test' third-party report the auditor submitted and demonstrated the process for responding to and investigating the report. At the time of the audit, there were no incidents reported of sexual abuse or harassment through a third-party format.</p> <p>The facility was found to be in compliance with this provision of standard 115.354.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault * SAYS Policy 1.29.2 Protection Against Retaliation * SAYS Policy 1.11.1 Monitoring and Reporting Abuse and Neglect * Superintendent interview * PREA Coordinator interview * Medical/Mental Health Staff interviews * Random Staff interviews * SAYS Policy 1.29.3 Protection Against Retaliation * 115.361a Retaliation Monitoring Form * 115.361 Statement of non-occurrence <p>Reasoning and analysis (by provision):</p> <p>115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they</p>

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.

SAYS Policy 1.29.2 Protection Against Retaliation states, "It is SAYS policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff. It is the responsibility of the PREA Coordinator to designate which staff members are charged with monitoring retaliation. The facility shall employ multiple protection measures, such as unit/room changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations."

SAYS Policy 1.11.1 Monitoring and Reporting Abuse and Neglect states, "It is the policy of SAYS to provide for the reporting of all instances of child abuse and/or neglect consistent with the appropriate state statutes. Section 26-14-3, Code of Alabama 1975 as amended, requires certain individuals, referred to herein as Mandatory Reporters, to report to an appropriate authority known or suspected abuse or neglect. SAYS will immediately report to the appropriate law enforcement agency or to the Alabama Department of Human Resources, as applicable, all known or suspected abuse or neglect of a child under 18 years of age in its care and custody."

During the random staff interviews, it was noted that all facility staff reported receiving training related to mandatory reporting laws. The facility staff was able to tell the auditor reasons they would be obligated to report and the steps they would take to complete a mandatory report with the Houston County Department of Human Resources. The PREA Coordinator provided the auditor with examples of CAN reports that had been submitted to DHR, along with the response letters of the outcomes. During the resident interviews, a detainee disclosed they reported sexual abuse that occurred prior to them coming to the facility at intake. The resident record showed this was documented and reported accordingly. The Agency Head reported in her interview that any allegations of sexual abuse reported from another agency by a resident would be communicated to her, and she would make the appropriate report to the Agency Head at that facility, as well as the juvenile court, for further investigation. The Superintendent and higher-level staff reported in their interviews that they would be responsible for monitoring staff and residents for potential retaliation for monitoring. The facility did not provide any documentation to support how this retaliation monitoring would be documented. A review of the employee training records showed that staff receive training related to the policies supporting staff reporting incidents of sexual abuse, whether at this facility or through resident reports during intake or at other times about an incident that occurred prior to the resident coming to the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.361.

Corrective action:

Provide documentation and practice specifics for who is in charge of monitoring for retaliation and how that monitoring will be documented.

Final Findings:

SAYS Policy 1.29.3 Protection Against Retaliation states, "For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. " The PREA Coordinator submitted a copy of the 115.361a Retaliation Monitoring Form that was updated to allow staff to document their monitoring of detainees who reported sexual abuse or sexual harassment. The PREA Coordinator submitted a statement of non-occurrence that there were no incidents of sexual abuse or sexual harassment reported during this audit period that needed retaliation monitoring to be assigned. During the interview with the Superintendent, he confirmed that it is his role and the role of the supervisory and higher-level staff to complete and document retaliation monitoring tasks.

The facility was found to be in compliance with this provision of standard 115.361.

115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

SAYS Policy 1.11.1 Monitoring and Reporting Abuse and Neglect states, "It is the policy of SAYS to provide for the reporting of all instances of child abuse and/or neglect consistent with the appropriate state statutes. Section 26-14-3, Code of Alabama 1975 as amended, requires certain individuals, referred to herein as Mandatory Reporters, to report to an appropriate authority known or suspected abuse or neglect. SAYS will immediately report to the appropriate law enforcement agency or to the Alabama Department of Human Resources, as applicable, all known or suspected abuse or neglect of a child under 18 years of age in its care and custody."

During the random staff interviews, it was noted that all facility staff reported receiving training related to mandatory reporting laws. The facility staff was able to tell the auditor reasons they would be obligated to report and the steps they would take to complete a mandatory report with the Houston County Department of Human Resources. The PREA Coordinator provided the auditor with examples of CAN reports that had been submitted to DHR, along with the response letters of the outcomes. During the resident interviews, a detainee disclosed they reported sexual abuse that occurred prior to them coming to the facility at intake. The resident record showed this was documented and reported accordingly.

Findings:

The facility was found to be in compliance with this provision of standard 115.361.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "E. Staff and Facility Reporting Duty

4. Apart from reporting to designated Manager/Supervisor, special investigators, law enforcement and designated State agencies, staff are prohibited from revealing any information related to a sexual assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions."

A review of staff training records shows the detention staff receive training surrounding the reporting duties of the facility staff as it relates to sexual abuse reports. During the staff interviews, the staff were able to communicate the confidentiality requirements of the delicate information they may come in contact with. The staff was able to communicate to the auditor that information they received from a resident report was on a 'need to know' basis and was limited to their immediate supervisor, the PREA Coordinator, the Agency Head, and any applicable reporting agencies they were obligated to notify. A review of the resident records showed the residents were informed of the staff's duty to report as part of the intake informed consent process, and the limits to those disclosures were outlined in detail and signed by the resident and the facility staff.

Findings:

The facility was found to be in compliance with this provision of standard 115.361.

115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "E. Staff and Facility Reporting Duty

5. Medical and mental health practitioners shall be required to report sexual abuse up their chain of command, as well as where required by mandatory reporting laws."

A review of staff training records shows the medical and mental health staff receive training surrounding the reporting duties of the facility staff as it relates to sexual

abuse reports. During the medical and mental health staff interviews, the staff were able to communicate the confidentiality requirements of the delicate information they may come in contact with. The staff was able to communicate to the auditor that information they received from a resident report was on a 'need to know' basis and was limited to the PREA Coordinator, the Agency Head, and any applicable reporting agencies they were obligated to notify. It was observed by the auditor from the onsite interviews that the medical and mental health staff were licensed under state agencies that also mandated the reporting of abuse and neglect, including sexual abuse.

Findings:

The facility was found to be in compliance with this provision of standard 115.361.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "E. Staff and Facility Reporting Duty

8. Allegations of sexual abuse shall be investigated pursuant to SAYS Policy and Procedure 1.29 (SIU). Notification of allegations to the juvenile's parents/guardian's attorney, or other legal representative shall be given pursuant to the instructions of the SIU. The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU determines the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative shall be made by the Administrator or his/her designee.

9. The Special Investigator or designee shall also report the allegation to the juvenile court retaining jurisdiction over the alleged victim and to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

10. If an allegation of sexual abuse or assault is made by a juvenile on aftercare, staff receiving this information shall report it to the appropriate court."

The Superintendent reported in the interview that all allegations of sexual abuse are reported to the Agency Head and the PREA Coordinator. The Agency Head reported she would be responsible for making the appropriate notifications to the juvenile court system. The PREA Coordinator would assist residents in making the proper

notifications to legal guardians. The agency policy indicates this notification will occur within 14 days of receiving the allegation. The Agency Head and the PREA Coordinator confirmed the notifications are made within this time frame, if not before. The PREA Coordinator provided samples of how allegations are reported to required state agencies, but no documentation was provided to show that court agencies and legal guardians were notified. The PREA Coordinator submitted a statement of non-occurrence that there were no incidents of sexual abuse or sexual harassment reported during this audit period that needed to be communicated to the legal guardian or referral source. During the corrective onsite audit, the Master Control staff showed the auditor a copy of the phone logs where calls to outside contacts were logged for the record.

Findings:

The facility was found to be in compliance with this provision of standard 115.361.

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

SAYS Policy 13.8.1 Protection from Sexual Abuse and Assault states, "E. Staff and Facility Reporting Duty

11. The facility shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the facility's designated investigators, to the SAYS PREA Coordinator, Programs and Client Services/Community Services."

The interview with the Agency Head indicated that all third-party reports are referred to her. She disclosed that most of these reports are received through voicemail, and the notifications are routed to her for review. The interview with Master Control also supported that incoming calls that include grievances from an external source are routed to the Agency Head. The PREA Coordinator confirmed that she is the recipient of email communication of third-party reports, as the form specifically identifies her as the point of contact. The Agency Head and the PREA Coordinator both confirmed they were the initial contacts for all investigations of sexual abuse in this facility. In addition, during the corrective action audit phase, the PREA Coordinator provided a copy of the Third Party Reporting Form that was translated into Spanish to assist family members of detainees with LEP to provide reports as needed.

Findings:

The facility was found to be in compliance with this provision of standard 115.361.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.362

Evidence relied upon in making the compliance determinations:

- * SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault
- * SAYS PREA Policy 1.11.1 Monitoring and Reporting Abuse and Neglect
- * Agency Head interview
- * Superintendent interview
- * Random Staff interviews

Reasoning and analysis (by provision):

115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

SAYS PREA Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Any employee who is a witness to or has knowledge of any sexual abuse/assault/harassment shall be responsible to immediately report it to his/her supervisor or designee. An employee who knowingly fails to report sexual abuse/assault/harassment of a juvenile shall be subject to disciplinary action."

SAYS PREA Policy 1.11.1 Monitoring and Reporting Abuse and Neglect states, "Any SAYS employee, contract employee, employee of a SAYS contract provider, or volunteer that acquires knowledge of a child abuse or neglect shall immediately report that knowledge to the facility administrator or appropriate designee."

The facility reported that in the past 12-month period, there were no incidents of a resident being at substantial risk of imminent sexual abuse. A review of the resident records supported that no risks were noted that a resident was at imminent risk of sexual abuse. The detention staff all reported in their interviews that if a detainee were at substantial risk of imminent sexual abuse, the staff would "immediately" take action. Staff reported several ways they would take action including, but not limited to, the following: notifying the immediate supervisor, separating the resident from the general population and/or the perpetrator, placing the resident in a single cell locked unit, placing the resident in the activity room with a staff member for one-to-one supervision, placing the resident on a Q10 monitoring log, or placing the resident in the special unit observation cell outside of the Master Control Room. The Superintendent confirmed these are the protocols the staff is trained to follow and that he would be notified by staff of the imminent risk. The Superintendent stated he would then notify the PREA Coordinator and the Agency Head for further review. Other notifications he reported could include the juvenile court, the medical staff, DHR, and the therapist on staff who is available to speak with the resident. The Agency Head further supported in her interview that staff is trained to immediately

	<p>report any imminent risk of sexual abuse, and the facility would take immediate action to secure the detainee in a safe location and make the proper notifications to staff within the agency or external reporting agencies if the need arises.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.362.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Agency Head interview * Superintendent interview <p>Reasoning and analysis (by provision):</p> <p>115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "F. Reporting To Other Confinement Facilities</p> <p>1. Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using SAYS Form 115.363 Reporting to Other Confinement Facilities."</p> <p>The facility noted in the pre-audit questionnaire there were no incidents of sexual abuse from another confinement facility that were noted during this reporting period. The Agency Head confirmed in her interview that she had no such notifications during this audit cycle. The Agency Head reported in her interview that all allegations of sexual abuse from another confinement facility are reported to her, and she is the one responsible for making the reports to the agency head of the other facility, as well as to any additional investigative agencies that are warranted based on the allegation and agency type. The Agency Head confirmed she would</p>

use SAYS Form 115.363 to make this report. Due to no reports being received of this nature, the facility did not provide any examples of the completed form for review.

Findings:

The facility was found to be in compliance with the provision of standard 115.363.

115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "F. Reporting To Other Confinement Facilities

2. Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.

The facility noted in the pre-audit questionnaire there were no incidents of sexual abuse from another confinement facility that were noted during this reporting period. The Agency Head confirmed in her interview that she had no such notifications during this audit cycle. The Agency Head reported in her interview that all allegations of sexual abuse from another confinement facility are reported to her, and she is the one responsible for making the reports to the agency head of the other facility, as well as to any additional investigative agencies that are warranted based on the allegation and agency type. The Agency Head confirmed she would use SAYS Form 115.363 to make this report no later than 72 hours after receiving the allegation. Due to no reports being received of this nature, the facility did not provide any examples of the completed form for review.

Findings:

The facility was found to be in compliance with the provision of standard 115.363.

115.363 (c): The agency shall document that it has provided such notification.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "F. Reporting To Other Confinement Facilities

3. The facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards."

The facility noted in the pre-audit questionnaire there were no incidents of sexual abuse from another confinement facility that were noted during this reporting period. The Agency Head confirmed in her interview that she had no such notifications during this audit cycle. The Agency Head reported in her interview that all allegations of sexual abuse from another confinement facility are reported to her, and she is the one responsible for making the reports to the agency head of the other facility, as well as to any additional investigative agencies that are warranted based on the allegation and agency type. The Agency Head confirmed she would use SAYS Form 115.363 to make this report. Due to no reports being received of this

	<p>nature, the facility did not provide any examples of the completed form for review.</p> <p>Findings:</p> <p>The facility was found to be in compliance with the provision of standard 115.363.</p> <p>115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "F. Reporting To Other Confinement Facilities</p> <p>4. The outcome of the investigation shall be provided to the facility that initiated the allegation from the juvenile."</p> <p>The facility noted in the pre-audit questionnaire there were no incidents of sexual abuse from another confinement facility that were noted during this reporting period. The Agency Head confirmed in her interview that she had no such notifications during this audit cycle. The Agency Head reported in her interview that she would request a copy of the investigation outcome to show the agency receiving the allegation had followed through with the investigation. In addition, the Agency Head indicated that she would notify other applicable reporting agencies that may have jurisdiction over the receiving allegation facility.</p> <p>Findings:</p> <p>The facility was found to be in compliance with the provision of standard 115.363.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * SAYS Form 115.364.1 First Responder Guidelines for Sexual Assault at Southeast Alabama Youth Services Facilities * Random Staff/First Responders interviews * Residents who reported a Sexual Abuse interviews <p>Reasoning and analysis (by provision):</p>

115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "G. Staff First Responder Duties

1. Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:

a. Separate the alleged victim and abuser;

b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

c. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and 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;

d. The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify their supervisor. Refer to SAYS Form 115.364 First Responder Checklist and SAYS Form 115.364.1 First Responder Guidelines for Sexual Assault;

e. Staff shall follow SAYS Policy 115.371 Process for Investigating an Allegation of Sexual Assault and refer to SAYS policy 1.29, SAYS Policy 1.29.1, SAYS Policy 1.29.2, and SAYS Policy 1.29.3 to ensure that SAYS and facility procedures are followed."

During the Random Staff interviews, it was noted by the auditor that all staff are considered First Responders, especially the staff in the detention center where residents are located. The detention staff, including additional staff such as medical, mental health, HR, food service, and maintenance, were all educated on First Responder duties and could verbalize during the onsite interview process the steps to secure the scene and preserve the evidence. Staff used the key components of provision (a.) of this standard to verbalize to the auditor how they might respond as a First Responder on scene. The staff included practices such as, but not limited to,

separating the victim and perpetrator; securing the scene so that physical evidence would not be destroyed; placing the victim and/or perpetrator in a locked cell or activity room where they could be monitored; not allow the residents to shower, brush their teeth, eat or drink. A review of the staff training records shows the staff receives First Responder training as a core component of PREA certification for new hires and every two years after. It was noted that the First Responder Checklist was available in the training binder in the Master Control Room for staff to have access to as needed. The facility reported in the pre-audit questionnaire there were no incidents during the previous 12-month reporting period of sexual abuse/assault at the facility that required the staff to act as First Responders. The interviews with the detention staff supported the data. The resident interviews showed there were no residents in the facility at the time of the audit who had reported sexual abuse. The PREA Coordinator confirmed in her interviews there were no residents who reported sexual abuse during this audit cycle.

Findings:

The facility was found to be in compliance with this provision of standard 115.364.

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

As noted in provision (a.) of this standard, SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "d. The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify their supervisor. Refer to SAYS Form 115.364 First Responder Checklist and SAYS Form 115.364.1 First Responder Guidelines for Sexual Assault;"

The First Responder staff interviewees reported that they would ask a resident that was an alleged victim not to take any actions that could destroy physical evidence and then notify security and administrative staff. It should be noted that the majority of the staff interviewed are considered security staff and have duties that include direct supervision of detainees. However, additional staff such as medical, mental health, HR, food service, and maintenance were all educated on First Responder duties and could verbalize the steps to secure the scene and preserve the evidence. The staff that worked in the administrative building away from the residents appeared to the auditor to be less sure of the protocols. It is recommended that administrative staff who do not have regular access to residents receive regular updates to training, such as First Responder duties, to support their role as staff within this agency.

Findings:

The facility was found to be in compliance with this provision of standard 115.364.

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.365</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>* SAYS PREA Written Institutional Plan for the Diversion Center</p> <p>* Superintendent interview</p> <p>Reasoning and analysis (by provision):</p> <p>115.365 (a): The facility shall develop 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.</p> <p>The agency provided a document labeled SAYS Form 115.365 Prison Rape Elimination Act Written Institutional Plan Diversion Center. A review of the document showed the plan coordinated the actions the staff are to take in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan is broken down by each PREA juvenile standard and links the agency policy and supplemental forms to the facility's response plan. The plan begins with a stated General Purpose: Prevention Planning, Responsive Planning, Training and Education, Screening for Risk and Sexual Victimization and Abusiveness, Reporting, Official Response Following a Juvenile Report, Investigations, Discipline, Medical, and Health Care, as well as stated Specific Purpose: A zero tolerance for juvenile sexual assault and rape. The facility's Written Institutional Plan is available to all staff for review in the Master Control Room. The Superintendent shared that facility staff are trained on the core components of the plan as part of the new hire and ongoing training efforts of the supervisory staff. The plan was observed by the auditor to be specific to this diversion center and included language, policies, and documentation that have been noted throughout the documented standard findings from this audit as a part of the facility protocols.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.365.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.366</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>* Agency Head interview</p> <p>Reasoning and analysis (by provision):</p> <p>115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The Agency Head reported in her interview that the agency does not enter into collective bargaining agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility noted in the pre-audit questionnaire there were no agreements to be reported since August 20, 2012.</p> <p>115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The auditor is not required to audit this provision.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>* SAYS PREA Policy 1.29.3 SAYS Protection Against Retaliation</p> <p>* SAYS Form 115.367 Protections against Retaliation</p> <p>* SAYS Form 115.361a Retaliation Monitoring Form</p>

- * Agency Head interview
- * Superintendent interview
- * Designated Staff Member Charged with Monitoring / Warden (staff had resigned and was not available for interview)
- * Retaliation (or Superintendent if none is available)
- * Supervisory and Higher-Level Staff interviews
- * Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) interview
- * Residents who Reported a Sexual Abuse interview

Reasoning and analysis (by provision):

115.367 (a): The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

SAYS PREA Policy 1.29.3 SAYS Protection Against Retaliation states, "It is SAYS policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff. It is the responsibility of the PREA Coordinator to designate which staff members are charged with monitoring retaliation."

In the pre-audit questionnaire, the facility noted the person responsible for monitoring residents who report sexual abuse is the person PREA would designate as the Warden. The PREA Coordinator reported to the auditor upon arrival at the facility that this person had resigned from his position the week before. The auditor had attempted to reach out to this staff member prior to the onsite portion of the audit to conduct a Zoom interview, as this person was also identified as the agency staff trainer. The auditor did not receive a response for the requested interview until arrival at the facility. The Superintendent shared that he also has duties to monitor the residents and staff for potential retaliation for all grievances, including those for sexual abuse. The Superintendent could not identify a specific form that is used to document the retaliation monitoring. The Superintendent indicated the regular monitoring log documentation, or a Q10 monitoring log, if the resident required special monitoring, would be used. The Superintendent maintained a personal set of detailed logs to assist himself in supervision, reporting, and monitoring activities. he referred back to these notes on several occasions to provide the auditor with specific information to answer questions related to the PREA standard audit process.

It was further noted in the random staff interviews that staff are trained it is the right of a detainee to file a grievance without any repercussions from staff. Staff

interviewees further shared that if they had concerns about retaliation, they would report it to the supervisor on shift or the Superintendent. The residents reported in their interviews that they are informed of their right to file a grievance, including a report of sexual abuse, without fear of retaliation by staff or another resident. The residents reported they received this information during the intake process.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.367.

Corrective action:

Provide training to the Superintendent as it relates to the proper practice of monitoring and documenting the monitoring of residents who report sexual abuse. The facility would benefit from having multiple staff available who are trained in retaliation monitoring practices so that all shifts are covered and the facility is more than 1 deep in any particular monitoring and supervision practice.

Final Findings:

SAYS Policy 1.29.3 Protection Against Retaliation states, "For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation." The PREA Coordinator submitted a copy of the 115.361a Retaliation Monitoring Form that was updated to allow staff to document their monitoring of detainees who reported sexual abuse or sexual harassment. The PREA Coordinator submitted a statement of non-occurrence that there were no incidents of sexual abuse or sexual harassment reported during this audit period that needed retaliation monitoring to be assigned. During the interview with the Superintendent, he confirmed that it is his role and the role of the supervisory and higher-level staff to complete and document retaliation monitoring tasks.

The facility was found to be in compliance with this provision of standard 115.367.

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

SAYS PREA Policy 1.29.3 SAYS Protection Against Retaliation states, "The facility shall employ multiple protection measures, such as unit/room changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with

investigations."

The Superintendent shared that the facility will utilize several protective measures to assist in the monitoring of residents who report sexual abuse that include, but are not limited to, moving a resident from one unit to another, placing a resident in a single cell unit, or the special observation unit; transferring a resident to a more secure facility; moving a staff member from one unit to another to provide separation from the reporting resident; or if the incident warrants it, placing a staff member on administrative leave pending the investigation conclusion. The resident in need of monitoring may also be placed on a Q10 monitoring log to provide additional documented monitoring that occurs at 10-minute intervals. The facility reported there were no residents placed on retaliation monitoring as a result of reporting sexual abuse during this audit cycle. The Superintendent and Master Control staff provided examples of Q10 monitoring logs and demonstrated how special monitoring could be assigned within the facility. While the facility staff was able to share examples of how residents might be monitored for retaliation, the process for preventing staff retaliation as a result of participating in an investigation was not as clearly defined. This could have been a direct result of the person responsible for this monitoring was no longer employed at the facility.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.367.

Corrective action:

The facility needs to identify the steps and train its practice for employing multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Identify more than one staff who can assist in the process to prevent the loss of the monitoring practices when the assigned staff is not available.

Final Findings:

SAYS Policy 1.29.3 Protection Against Retaliation states, "Things the facility shall monitor include any juvenile disciplinary reports, unit/room changes, negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. " The PREA Coordinator submitted a copy of the 115.361a Retaliation Monitoring Form that was updated to allow staff to document their monitoring of detainees who reported sexual abuse or sexual harassment. The PREA Coordinator submitted a statement of non-occurrence that there were no incidents of sexual abuse or sexual harassment reported during this audit period that needed retaliation monitoring to be assigned. During the interview with the Superintendent, he confirmed that it is his role and the role of the supervisory and higher-level staff to complete and document retaliation monitoring tasks. A follow-up interview with a higher-level staff

reported that he was trained on how to complete the retaliation monitoring log and how to monitor detainees who have reported sexual abuse or sexual harassment.

The facility was found to be in compliance with this provision of standard 115.367.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

SAYS PREA Policy 1.29.3 SAYS Protection Against Retaliation states, "For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. Monitoring shall be done using SAYS Form 115.367 Protection against Retaliation. Things the facility shall monitor include any juvenile disciplinary reports, unit/room changes, negative performance reviews, or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

Findings:

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

And,

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

SAYS PREA Policy 1.29.3 SAYS Protection Against Retaliation states, "In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation."

As stated in the previous provisions (a.) through (c.) of this standard, the designated person responsible for monitoring and documenting retaliation was not available for an interview. The Superintendent was able to verbalize steps he takes within the facility to monitor and address resident and staff retaliation monitoring. However, the facility has indicated as part of its policy stated practice, the use of SAYS Form

115.367 Protections against Retaliation would be used in the practice of monitoring for retaliation. The facility reported in the pre-audit questionnaire there were no incidents of retaliation monitoring at this facility during the reporting period as a result of a report of sexual abuse. The auditor confirmed in the resident interviews and the staff interviews that no reports of sexual abuse had occurred at the facility with active residents in the program.

Findings:

The facility was found to be in non-compliance with these provisions of standard 115.367.

Corrective action:

The facility needs to identify the steps and train its practice for documenting and identifying potential needs for protection measures for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Identify more than one staff who can assist in the process to prevent the loss of the monitoring practices when the assigned staff is not available.

Final Findings:

SAYS Policy 1.29.3 Protection Against Retaliation states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. " The PREA Coordinator submitted a copy of the 115.361a Retaliation Monitoring Form that was updated to allow staff to document their monitoring of detainees who reported sexual abuse or sexual harassment. The PREA Coordinator submitted a statement of non-occurrence that there were no incidents of sexual abuse or sexual harassment reported during this audit period that needed retaliation monitoring to be assigned. During the interview with the Superintendent, he confirmed that it is his role and the role of the supervisory and higher-level staff to complete and document retaliation monitoring tasks. A follow-up interview with a higher-level staff reported that he was trained on how to complete the retaliation monitoring log and how to monitor detainees who have reported sexual abuse or sexual harassment.

The facility was found to be in compliance with this provision of standard 115.361.

115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The auditor is not required to audit this provision.

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

Auditor Discussion

115.368

Evidence relied upon in making the compliance determinations:

- * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault
- * Superintendent or Designee interview
- * Staff who Supervise Residents in Isolation interviews
- * Medical and Mental Health Staff interviews
- * Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) interview

Reasoning and analysis (by provision):

115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from medical personnel or therapists. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing SAYS Form 115.342.1 Isolation Activity Log."

The policy clearly outlines the process for how isolation may be used in making decisions for keeping residents safe from sexual abuse. The PREA Coordinator reported that during this audit cycle, there were zero detainees at risk of sexual abuse who were placed in isolation or who were placed in isolation who have been denied daily access to large muscle exercise and/or legally required education or special education services. The interviews with detention staff supported that no detainees were placed in isolation due to a risk of sexual abuse. While onsite, it was noted that the facility does not have 'isolation' units. There are two cells in the main hall next to the Master Control that are used to house detainees away from the general population. One of the cells was in use while the auditor was onsite for special housing that was not related to risk factors for sexual abuse. The superintendent and detention staff interviews disclosed the detainees in the special cells were placed on Q10 checks, meaning the detainees had documented minimum 10-minute checks. The staff further indicated the detainees in these special units participated in daily programming the same as the general population detainees. These residents would have one-to-one activities that were supervised by a staff

member, separate from when the other detainees might be participating. The auditor was unable to interview the detainee in 'isolation' due to the 'risk rating' of the detainee. An interview with the medical staff supported that the detainees are monitored in the special housing for medical risks. The nurse stated that the staff will maintain regular communication and submit requests for medical evaluations as needed. The mental health staff onsite further supported in the interview that detainees with special needs, including those at risk of sexual abuse or those that reported sexual abuse, are referred for a mental health evaluation and counseling services while in the facility. The mental health staff reported that services are provided on a weekly basis as identified. Further review of the resident records showed examples of the Q10 documentation used to monitor at-risk youth housed in the special 'isolation' cells that showed participation in regular activities and programming.

Findings:

The facility was found to be in compliance with this provision of standard 115.368.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations * MOU with Houston County Sheriff's Department * MOU with Dothan City Police Department * Residents who Reported a Sexual Abuse interview * Agency Head/Investigative Staff interview * PREA Coordinator/Investigative Staff interview * Investigator Training Certificates * Investigator Training Manual * Evidence Protocol Checklist * Email communication with the sheriff's department

* Investigator Receipt of PREA

Reasoning and analysis (by provision):

115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "When SAYS conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."

The PREA Coordinator indicated in the pre-audit questionnaire that the facility is not responsible for conducting administrative or criminal investigations. However, the Agency Head interview and the Superintendent interview provided feedback that indicated the Agency Head is responsible for administrative investigations with special emphasis on staff involvement, and the PREA Coordinator is responsible for administrative investigations with special emphasis on resident involvement. The investigative staff interview reported that an "immediate" investigation would be initiated for any allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The PREA Coordinator reported that she typically addresses resident grievances that are received within the agency. The Agency Head reported that she would be the one to address staff administrative allegations, as well as the recipient of any third-party reports of allegations of sexual abuse. The facility reported in the pre-audit questionnaire there were no incidents of investigations of sexual abuse during this audit cycle. Interviews with the residents and random staff confirmed there were no residents in the facility that had reported sexual abuse. The random staff interviews, even with those that had many years of service with the agency, reported that no incident of sexual abuse had occurred in the facility during their tenure. The PREA Coordinator shared the Evidence Protocol Checklist that is used to organize the investigation process. The website was reviewed and found to contain third-party reporting documentation and the investigation policy. The Master Control interview while onsite indicated that all incoming calls related to a report of sexual abuse or sexual harassment would be forwarded to the PREA Coordinator or the Agency Head.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "All SAYS investigators assigned to the Special Investigative Unit shall receive special training in sexual abuse investigations involving juvenile

victims. Refer to SAYS Policy 4.3.1."

The Agency Head and the PREA Coordinator were identified as special investigators for this facility. However, the staff reported that neither had received special training in sexual abuse investigations involving juvenile victims pursuant to standard 115.334. The MOUs that were provided between the agency and Houston County Sheriff's Department, and the agency and Dothan City Police Department include the following clause, "In accordance with the Department of Justice PREA Juvenile Standard 115.334 Specialized training: Investigations..." and includes 5 specific criteria for this specialized training.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.371.

Corrective action:

The Agency Head and the PREA Coordinator need to complete the required special investigations training pursuant to standard 115.334.

Final Findings:

During the corrective period of the audit, the PREA Coordinator worked with her team to identify and complete investigator training that would meet the criteria for PREA investigations as outlined in this standard. The PREA Coordinator, the Agency Head, and the Clinical Coordinator participated in a six-hour training on Investigations for Allegations of Sexual Abuse by the Pacific Training Group. In addition, each person reviewed and signed the PREA Investigators Training Form. The PREA Coordinator provided a copy of the training manual to support the content of the training and made the information available to the Superintendent. During the corrective action onsite interviews and throughout the corrective action process, the auditor met with the PREA Coordinator and the Clinical Coordinator and reviewed their understanding of the steps for completing an investigation for sexual abuse and sexual harassment.

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual

abuse involving the suspected perpetrator."

The Agency Head shared that the special investigators in charge of criminal investigations would be responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The facility has signed MOUs with Houston County Sheriff's Department and Dothan City Police Department for the completion of criminal investigations. The purpose of the MOUs is defined within the document as follows: "This MOU sets forth that the Dothan City Police Department/Houston County Sheriffs Department, when necessary, will offer/provide assessment/investigations of allegations of sexual abuse and sexual assault of juveniles in the care of Southeast Alabama Youth Services Diversion Center.

The above goals will be accomplished by undertaking the following:

- * Establishing a dialogue between DPD/HCS and SAYS for the appropriate protocol in investigating reported complaints of victims of sexual assault/sexual abuse.
- * Review and acknowledgment of SAYS protocols to ensure proper maintenance of any and all possible evidentiary findings in relation to an allegation of sexual abuse or sexual assault that occur at SAYS.
- * SAYS formally requesting the assistance of DPD/HCS to assist in the coordination of multidisciplinary agency investigation in cases of sexual assault, sexual abuse, or sexual harassment involving SAYS."

The Agency Head shared the limits to the SAYS facility staff for evidentiary gathering is found in the First Responder training. The facility staff will attempt to secure the area and preserve any evidence of sexual abuse until the investigating authorities arrive on the scene. The facility investigators, as reported by the Agency Head, are only responsible for administrative investigations.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "SAYS shall not terminate an investigation solely because the source of the allegation recants the allegation.

The Agency Head/Investigator interview reported the facility will not terminate an investigation solely because the resident or source of the allegation recants. The Agency Head shared that there may be times when a resident feels pressure from others, whether staff or other residents, to change their story. The Agency Head further reported that all criminal investigations will be conducted through the

Dothan Police Department or the Houston County Sheriff's Department until the conclusion of the investigation is communicated to the Agency Head.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "When the quality of evidence appears to support a criminal prosecution, SAYS shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

The facility has signed MOUs with Houston County Sheriff's Department and Dothan City Police Department for the completion of criminal investigations. The purpose of the MOUs are defined within the document as follows: "This MOU sets forth that the Dothan City Police Department/Houston County Sheriffs Department, when necessary, will offer/provide assessment/investigations of allegations of sexual abuse and sexual assault of juveniles in the care of Southeast Alabama Youth Services Diversion Center.

The above goals will be accomplished by undertaking the following:

- * Establishing a dialogue between DPD/HCS and SAYS for the appropriate protocol in investigating reported complaints of victims of sexual assault/sexual abuse.
- * Review and acknowledgment of SAYS protocols to ensure proper maintenance of any and all possible evidentiary findings in relation to an allegation of sexual abuse or sexual assault that occur at SAYS.
- * SAYS formally requesting the assistance of DPD/HCS to assist in the coordination of multidisciplinary agency investigation in cases of sexual assault, sexual abuse, or sexual harassment involving SAYS."

The Agency Head reported in the investigator portion of the interview that she and her staff do not conduct compelled interviews with residents. All criminal investigations, as reported by the Agency Head, are conducted by the Dothan Police Department and the Houston County Sheriff's Department as a part of the signed MOU between the agencies.

Findings:

The facility was found to be in compliance with this provision of standard of 115.371.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as juvenile or staff. No facility shall require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The Agency Head reported in the investigation portion of the interview that SAYS staff does not complete polygraph exams as part of investigations for allegations of sexual abuse. She further stated that the credibility of the alleged victim is not a factor and that all reports of sexual abuse will be investigated in full by the facility or the agency assigned to investigate the allegation pursuant to the signed MOUs with Dothan Police Department and Houston County Sheriffs Department.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "Administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

The Agency Head shared that as part of the administrative investigation process, she and the PREA Coordinator would review the incident to determine whether staff actions or failures to act contributed to the abuse. While no incidents of sexual abuse were reported during this audit cycle, the auditor was able to observe an administrative, investigative file related to staff misconduct-sexual harassment. It was noted the PREA Coordinator had documented interviews with staff and residents about the timelines of the incident and the staff actions involved in the incident. The documentation included a detailed report of the surveillance footage that was observed as part of the investigation, including the staff's actions observed on camera. While the actual allegation could not be observed because it happened off-camera, the fact that the staff was not following trained protocol at the time of the incident was clearly observed and documented.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible."

The facility has signed MOUs with Houston County Sheriff's Department and Dothan City Police Department for the completion of criminal investigations. The purpose of the MOUs is defined within the document as follows: "This MOU sets forth that the Dothan City Police Department/Houston County Sheriffs Department, when necessary, will offer/provide assessment/investigations of allegations of sexual abuse and sexual assault of juveniles in the care of Southeast Alabama Youth Services Diversion Center.

The above goals will be accomplished by undertaking the following:

- * Establishing a dialogue between DPD/HCS and SAYS for the appropriate protocol in investigating reported complaints of victims of sexual assault/sexual abuse.
- * Review and acknowledgment of SAYS protocols to ensure proper maintenance of any and all possible evidentiary findings in relation to an allegation of sexual abuse or sexual assault that occur at SAYS.
- * SAYS formally requesting the assistance of DPD/HCS to assist in the coordination of multidisciplinary agency investigation in cases of sexual assault, sexual abuse, or sexual harassment involving SAYS."

The Agency Head shared that it would be part of her follow-up with the investigating agency to request a written report of the criminal investigation findings to include a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The Agency Head shared there were no investigations of sexual abuse that have occurred at this facility during this reporting period, so the auditor was unable to observe this type of report.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.371.

Corrective action:

It is recommended the agency update the MOUs to include the expected reports and outcomes of the investigating agency and how these are to be communicated with the SAYS facility.

Final Findings:

The PREA Coordinator rewrote the MOUs with the sheriff's department and the police department to include the required language of this standard. A copy of the updated agreement has been logged with the sheriff's department.

The facility was found to be in compliance with this provision of standard 115.371.

115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "Substantiated allegations of conduct that appear to be criminal shall be referred to law enforcement for prosecution."

The facility reported there were no substantiated allegations of sexual abuse that were referred for prosecution during this reporting period. The facility has entered into an MOU with Dothan City Police Department and Houston County Sheriff's Department that would charge them with conducting criminal investigations.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.371.

Corrective action:

It is recommended the agency update the MOUs to include the expectation that substantiated allegations of sexual abuse will be referred for prosecution.

Final Findings:

The PREA Coordinator rewrote the MOUs with the sheriff's department and the police department to include the required language of this standard. A copy of the updated agreement has been logged with the sheriff's department.

The facility was found to be in compliance with this provision of standard 115.371.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "SAYS shall retain all written reports 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 and applicable law requires a shorter period of retention."

The agency has a policy that requires the retention of all written reports for the time frame indicated in this provision of standard 115.371. The PREA Coordinator shared with the auditor that it is the practice of the facility to maintain all incident records and reports for a minimum of 10 years. At the time of the audit, there were no incidents of sexual abuse reported by the facility during the audit cycle or prior. The auditor was able to observe the retention of other behavioral incidents that supported the agency maintained the expectations of record retention as outlined by the certifying agencies.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

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

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation."

The Agency Head confirmed this was the policy of the agency and shared in her interview that the agency would continue an investigation of sexual abuse until the investigation was substantiated or determined unfounded. The facility had no reports of sexual abuse during this audit period, and the auditor was unable to review any investigation records that would disprove this finding. A review of another facility incident record showed the facility continued an investigation while the staff was on administrative leave. But, the conclusion of the investigation was not fully documented, including recommendations for the staff that was terminated as a result of an unrelated issue to the investigation.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.371.

Corrective action:

The facility will fully document the conclusion of investigative findings, including the outcomes of the investigation and the final status of the employee under review.

Final Findings:

The PREA Coordinator updated the process for the Incident Review Team, including how to fully document the outcome of an investigation. See the discussions for provisions 115.372 and .373 for a full description.

The facility was found to be in compliance with this provision of standard 115.371.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The auditor is not required to audit this provision.

Findings:

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "When outside agencies investigate sexual abuse, SAYS shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

The facility has signed MOUs with Houston County Sheriff's Department and Dothan City Police Department for the completion of criminal investigations. The purpose of the MOUs is defined within the document as follows: "This MOU sets forth that the Dothan City Police Department/Houston County Sheriffs Department, when necessary, will offer/provide assessment/investigations of allegations of sexual abuse and sexual assault of juveniles in the care of Southeast Alabama Youth Services Diversion Center.

The above goals will be accomplished by undertaking the following:

- * Establishing a dialogue between DPD/HCS and SAYS for the appropriate protocol in investigating reported complaints of victims of sexual assault/sexual abuse.
- * Review and acknowledgement of SAYS protocols to ensure proper maintenance of any and all possible evidentiary findings in relation to an allegation of sexual abuse or sexual assault that occur at SAYS.
- * SAYS formally requesting the assistance of DPD/HCS to assist in the coordination of multidisciplinary agency investigation in cases of sexual assault, sexual abuse or sexual harassment involving SAYS."

The Agency Head reported in her interview that she and her staff are mandated by policy and have entered into MOUs with investigating agencies that include a provision for SAYS staff to fully cooperate with outside investigators, and she would be responsible for remaining informed about the progress of the investigation. She reported that she would complete weekly calls to the investigator in charge and attempt to obtain a progress update on the investigation progress and findings. The Agency Head also reported that she would communicate with the juvenile court staff when warranted to obtain supporting information on the investigation progress of allegations of sexual abuse.

	<p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.372</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations * SAYS Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse/assault or Sexual Harassment * Investigator Training Certificates and training curriculum * Investigative Staff interviews * 115.372a Investigative Outcome <p>Reasoning and analysis (by provision):</p> <p>115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>SAYS Policy 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations states, "SAYS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>The Agency Head, who is also an investigative staff, reported in her interview that it is the policy of the agency to impose no higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility had no reported incidents of sexual abuse, but the PREA Coordinator did provide investigation records for an incident of alleged staff misconduct-sexual harassment. The record contained staff and resident interviews, as well as a surveillance report outlining the observed camera footage of the incident. As pursuant to standard 115.371, the agency did not document final investigative findings using the identified form, SAYS Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse/assault or Sexual Harassment. Therefore the auditor could not conclude the outcome of the investigation or the standard of proof the facility used to make the final determination.</p>

	<p>Findings:</p> <p>The facility was found to be in non-compliance with this provision of standard 115.372.</p> <p>Corrective action:</p> <p>Complete the final investigation outcome reports as defined in agency policy.</p> <p>Final Findings:</p> <p>During the corrective action portion of the audit, the PRC offered a training event for auditors that included a full description and discussion of how to determine a preponderance of the evidence. The auditor shared this training information with the PREA Coordinator and the Clinical Coordinator during one of our biweekly consultation meetings. In addition, the Agency Head, the PREAC Coordinator, and the Clinical Coordinator attended a sexual abuse investigator training through the Pacific Training Group. The PREA Coordinator revised the policy and the practice for investigations and the incident review process, including how the final investigation process is documented. There were no incidents of sexual abuse or sexual harassment that occurred during the audit cycle, as confirmed through staff and resident interviews while onsite. The practice is fully trained, and the PREA Coordinator and the Clinical Coordinator were able to communicate it clearly to the auditor. A form was developed, 115.372a Investigative Outcome, to document the findings of an investigation in the facility.</p> <p>The facility was found to be in compliance with this provision of standard 115.372.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Form 115.373 Juvenile Notification of Investigative Outcome * (CA) 115.373a Juvenile Notification of Investigation Outcome * SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault * Superintendent interview * Investigative Staff interviews * Residents who Reported Sexual Abuse interviews

Reasoning and analysis (by provision):

115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault states, "It is SAYS policy that following an investigation into a juvenile's allegation of sexual abuse suffered in a SAYS facility; the Special Investigator/designee shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."

The agency policy states the facility will notify the resident of the outcome status of an investigation. In the facility's Written Institutional Plan, it is noted the communication will be documented on SAYS Form 115.373 Juvenile Notification of Investigative Outcome. The facility reported no incidents of sexual abuse during this reporting period; however, the auditor did identify a report of staff misconduct-sexual harassment. A review of the investigative file showed this document was missing from the final outcome paperwork of the investigation. During the resident interviews, one of the residents involved in the above investigation told the auditor the staff verbally informed them that the staff no longer worked there. During the staff interviews, it was noted the staff would tell the residents the outcomes, but the process for informing the residents and documenting that information was not clear.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.373.

Corrective action:

At the conclusion of an investigation of sexual abuse or sexual harassment, document the outcome of the investigation and notify the resident of the outcome using the policy-stated practice that the communication will be documented on SAYS Form 115.373 Juvenile Notification of Investigative Outcome.

Final Findings:

During the corrective action portion of the audit, the PRC offered a training event for auditors that included a full description and discussion of how to determine a preponderance of the evidence. The auditor shared this training information with the PREA Coordinator and the Clinical Coordinator during one of our biweekly consultation meetings. In addition, the Agency Head, the PREAC Coordinator, and the Clinical Coordinator attended a sexual abuse investigator training through the Pacific Training Group. The PREA Coordinator revised the policy and the practice for investigations and the incident review process, including how the final investigation process is documented. There were no incidents of sexual abuse or sexual harassment that occurred during the audit cycle, as confirmed through staff and

resident interviews while onsite. The practice is fully trained, and the PREA Coordinator and the Clinical Coordinator were able to communicate it clearly to the auditor. A form was developed, 115.372a Investigative Outcome, to document the findings of an investigation in the facility. Also, SAYS Form 115.373a Juvenile Notification of Investigative Outcome was updated, and the PREA Coordinator communicated the practice she would use to complete this document in the event of sexual abuse or sexual harassment of a resident.

The facility was found to be in compliance with this provision of standard 115.373.

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault states, "2. If the facility did not conduct the investigation, the Special Investigator shall request the relevant information from the investigative agency in order to inform the juvenile."

The facility has documented MOUs with the Dothan Police Department and the Houston County Sheriff's Department, which state, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The Agency Head reported in her interview that as part of the criminal investigation process, she would maintain weekly communication with the investigating agency until she received the final conclusion of the investigation. She then reported the resident would be notified as indicated in provision (a.) of this standard. The facility reported there were no incidents of sexual abuse investigated by an outside agency during this reporting period, and there were no investigation records available from an outside agency to review.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (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 facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault states, "1. Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the facility shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer assigned within the juvenile's living unit;
- b. The staff member is no longer employed at the facility;
- c. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

The agency noted in the Written Institutional Plan and uploaded in the pre-audit questionnaire that the use of SAYS Form 115.373 Juvenile Notification of Investigative Outcome is used to notify a resident of the outcome of a sexual abuse investigation. The auditor reviewed this form and found the notification included the key points as identified in this provision of standard 115.373. The Superintendent and Agency Head both indicated during the interview process that the resident would be notified of the outcome of sexual abuse as stated in the policy. As noted in the provision (a.) discussion above, it is recommended the facility consistently use the designated forms as outlined in the policy. The facility reported there were no substantiated or unsubstantiated reports of sexual abuse at this facility during this audit cycle. The facility, therefore, had no investigative records for the auditor to review.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform 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.

SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault states, "3. Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the facility shall subsequently inform the alleged victim whenever:

- a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

The agency noted in the Written Institutional Plan and uploaded in the pre-audit questionnaire that the use of SAYS Form 115.373 Juvenile Notification of Investigative Outcome is used to notify a resident of the outcome of a sexual abuse investigation. The auditor reviewed this form and found the notification included the key points as identified in this provision of standard 115.373. The Superintendent and Agency Head both indicated during the interview process that the resident

would be notified of the outcome of sexual abuse as stated in the policy. As noted in the provision (a.) discussion above, it is recommended the facility consistently use the designated forms as outlined in the policy. The facility reported there were no substantiated or unsubstantiated reports of sexual abuse at this facility during this audit cycle. The facility, therefore, had no investigative records for the auditor to review.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

115.373 (e): All such notifications or attempted notifications shall be documented.

SAYS Policy 1.29.2 Reporting to Juveniles Following a Sexual Assault states, "All such notifications or attempted notifications shall be documented using SAYS Form 115.373 Juvenile Notification of Investigative Outcome."

The agency noted in the Written Institutional Plan and uploaded in the pre-audit questionnaire that the use of SAYS Form 115.373 Juvenile Notification of Investigative Outcome is used to notify a resident of the outcome of a sexual abuse investigation. The auditor reviewed this form and found the notification included the key points as identified in this provision of standard 115.373. The Superintendent and Agency Head both indicated during the interview process that the resident would be notified of the outcome of sexual abuse as stated in the policy. As noted in the provision (a.) discussion above, it is recommended the facility consistently use the designated forms as outlined in the policy. The facility reported there were no substantiated or unsubstantiated reports of sexual abuse at this facility during this audit cycle. The facility, therefore, had no investigative records for the auditor to review.

Findings:

The facility was found to be in compliance with this provision of standard 115.371.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Agency Head interview

- * Review of investigative files
- * Employee record reviews with noted staff discipline
- * Copy of staff mandatory reporting training certificate
- * 115.376 Statement of Non-Occurrence by the facility

Reasoning and analysis (by provision):

115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "L. Disciplinary Sanctions for Staff for Violating Sexual Abuse/Harassment Policies

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating SAYS sexual abuse or sexual harassment policies."

An interview with the Agency Head confirmed the agency would impose disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. A review of an investigation record for staff misconduct-sexual harassment contained a discharge document as part of the record (although the reason for termination was not directly related to the sexual harassment incident.)

Findings:

The facility was found to be in compliance with standard 115.376.

115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "L. Disciplinary Sanctions for Staff for Violating Sexual Abuse/Harassment Policies

2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse."

An interview with the Agency Head confirmed that if a staff engaged in sexual abuse, it is the agency policy to terminate the staff. The facility reported no incidents of sexual abuse during this audit cycle. A review of staff personnel records did show the practice of staff termination for other violations of agency policy with lesser implications than sexual abuse.

Findings:

The facility was found to be in compliance with standard 115.376.

115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually

engaging in sexual abuse) shall be 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "L. Disciplinary Sanctions for Staff for Violating Sexual Abuse/Harassment Policies

3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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."

The Agency Head shared in her interview that staff may receive other sanctions as a result of violating policy related to sexual abuse or sexual harassment. A review of an incident record showed the staff was placed on administrative leave pending the outcome of the investigation. A review of staff personnel records did show the practice of completing formal discipline notices of staff for lesser violations of agency policy that sexual abuse or sexual harassment.

Findings:

The facility was found to be in compliance with standard 115.376.

115.376 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "L. Disciplinary Sanctions for Staff for Violating Sexual Abuse/Harassment Policies

4. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."

An interview with the Agency Head confirmed that violations of agency sexual abuse or sexual harassment fall under the same mandatory reporting policies as other incidents of abuse or neglect disclosed by a resident in the facility. The Agency Head further indicated that if a staff is terminated as a part of the administrative review of an investigation, the criminal investigating agency would be notified of that termination as part of their investigation reporting commitment. The agency reported there were no incidents of sexual abuse reported during this audit cycle where staff was terminated for violating sexual abuse or sexual harassment policies.

Findings:

	The facility was found to be in compliance with standard 115.376.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Agency Head interview * Superintendent interview <p>Reasoning and analysis (by provision):</p> <p>115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "N. Corrective Actions for Contractors and Volunteers</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>The Agency Head confirmed in her interview that any contractor or volunteer in the facility that engaged in sexual abuse with the residents would be reported to law enforcement and would not be allowed in the facility to work with the residents. As noted in the provisional discussions of 115.376, the facility staff are considered mandatory reporters, and the Agency Head confirmed that any incident of sexual abuse, even from a contractor or volunteer, would be reported to the appropriate authorities. The facility reported no incidents where a contractor or volunteer was involved in sexual abuse with a resident at the facility during this audit cycle.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.377.</p> <p>115.377 (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p>

	<p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "N. Corrective Actions for Contractors and Volunteers</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>The Agency Head and Superintendent both confirmed that any implications of impropriety of a contract or volunteer would result in the person being removed from the facility and from working with the facility residents.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.377.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Intake Orientation Packet/Detainee Handbook of Rules * Intake Orientation Packet/You Have The Right To Be Safe From Sexual Violence * PREA Coordinator interview * Superintendent interview * Medical/Mental Health Staff interviews <p>Reasoning and analysis (by provision):</p> <p>115.378 (a): A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles</p> <p>1. A juvenile may be subject to disciplinary sanctions by a Disciplinary Committee only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a</p>

criminal finding of guilt for juvenile-on-juvenile sexual abuse."

The Detainee Handbook identifies behaviors that are considered major rule violations. While sexual abuse and sexual harassment are not specifically identified, physical aggression toward other residents, any felony-type behavior, and verbal or vulgar behavior is noted. The facility indicated in the pre-audit questionnaire there were no incidents of resident-on-resident sexual abuse during this audit cycle. The PREA Coordinator confirmed that residents who engaged in sexual abuse would be reported to the juvenile court for further sanctions.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (b): Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

2. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, facilities shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using SAYS Form 115.342 Isolation Activity Log."

The Detainee Handbook outlines the Behavioral Sanctions of Major Rule Violations. The Superintendent shared that behavioral sanctions are reviewed by the incident review team. Please see the provisional discussion for standard 115.342 for the specific findings surrounding programming and educational requirements for residents who maintained special housing 'isolation' units.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (c): The disciplinary process shall consider whether a resident's

mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

3. A Disciplinary Committee shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Disciplinary Committee may want to consult with the juvenile's Probation Officer/Counselor for additional information on the juvenile's mental status before imposing a sanction."

The Detainee Handbook outlines the Behavioral Sanctions of Major Rule Violations. The Superintendent shared that behavioral sanctions are reviewed by the incident review team. The PREA Coordinator confirmed that any major discipline would be reviewed with the resident's juvenile probation officer, and the Agency Head or designated therapist would assess the juvenile's mental status before imposing a sanction.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending juvenile participation in such interventions. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education."

The Superintendent shared that therapists are available as a regular part of programming at the facility for residents. During the resident interviews, it was confirmed that several residents were participating in counseling services, some as a result of reporting sexual abuse during the intake process. An interview with the mental health staff and Agency Head confirmed that if an offending resident needed counseling interventions, the facility would consult with the juvenile court to obtain

permission to assess the resident for engagement in such services. It should be noted that the Agency Head and some of the facility therapists are participating in a grant program for providing services to clients with problematic sexual behaviors (PBS). The mental health staff shared that this service would be available as needed/requested to serve offending residents at this facility.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

5. Facilities may discipline a juvenile for sexual contact with staff only upon a finding the staff member did not consent to such contact."

The Detainee Handbook of Rules lists one of the Major Rule Violations to include "grabbing or touching staff in an overt manner." Residents receive this information as part of the intake education process. The Superintendent shared that if a resident makes sexual contact with a staff member who did not consent to the contact, discipline would occur. The Superintendent and PREA Coordinator shared that this would be reviewed and approved through the incident review team and reported to the juvenile court system.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

The residents receive a form titled "You Have The Right To Be Safe From Sexual Violence" that outlines the agency policy as it relates to resident honesty in reporting an allegation of sexual abuse or sexual harassment. The residents receive this information as part of the intake educational process. The Superintendent and

the PREA Coordinator shared that residents will not be disciplined if an allegation of sexual abuse was filed in good faith, even if the investigation allegation was not substantiated.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "M. Interventions and Disciplinary Sanctions for Juveniles

7. SAYS prohibits all sexual activity between juveniles and may discipline juveniles for such activity. SAYS does not deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

The Superintendent and PREA Coordinator confirmed it is the policy of the facility to prohibit sexual activity between residents and may provide discipline for the incident. The staff reported this is communicated to the residents during the intake process. The Superintendent and PREA Coordinator confirmed that consensual resident sexual behavior would not be considered sexual abuse and would be treated accordingly.

Findings:

The facility was found to be in compliance with this provision of standard 115.378.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * DC Form 16.1-3A Southeast Alabama Youth Services ADMISSION FORM (3) * Residents who Disclose Sexual Victimization at Risk Screening interviews * Staff Responsible for Risk Screening interviews

* Medical/Mental Health Staff interviews

Reasoning and analysis (by provision):

115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "In Residential placements i.e., Boys and Girls Attention Homes, consultation with the Therapists or the Residential Manager shall incorporate appropriate treatment goals and objectives into the Med/Rehab Child Adolescent treatment plans to address any identified issues. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening."

The Agency Head has identified that she is a licensed counselor and provides supervision to agency counselors who are available to provide therapeutic services to residents who report prior sexual victimization during the intake and screening process. During an interview with the mental health staff, it was noted that there are at least two therapists that regularly provide services in the detention facility to residents. These services are reported to occur on a weekly and are based on needs identified in a psychosocial assessment administered to the resident. A resident who disclosed prior victimization was interviewed and confirmed that they were receiving weekly counseling services as a result of their sexual victimization disclosure. A review of the resident records showed the residents received those services within 14 days of the intake screening. The agency has also entered into an MOU with the Southeast Alabama Child Advocacy Center to provide supportive services for residents who have experienced sexual abuse. One concern of note is that the facility reported in the pre-audit questionnaire there were no incidents of resident reports of sexual victimization during this audit cycle. The auditor identified at least two active residents who disclosed sexual victimization during the intake process and with whom the Superintendent had coordinated services with the therapist at the facility. As noted in the previous discussions of 115.341, the facility may not be accurately collecting and reporting the data from the intake and screening process.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.381.

Corrective action:

Update the intake and screening form to accurately reflect residents who disclose

sexual victimization and the referral to counseling services within 14 days of the intake screener.

Final Findings:

As noted in standard 115.341 provisional discussions, the screening form was updated to identify the 11 core elements of resident risk factors for sexual abuse and harassment. An interview was conducted during the corrective action onsite phase of the audit with a mental health provider within the facility. The counselor shared that the process for referral for mental health services included the facility staff informing him directly when he was onsite of residents who reported sexual abuse or harassment during the intake process. Additionally, the detainees could request to see him directly, and he would coordinate services with them. He also indicated that the youth service workers will inform him directly if a detainee is having a hard time or if there are red flags that concern the staff related to a resident that they would like assessed. During the resident interviews, it was noted that a resident who was dealing with personal issues stated he had asked to see the counselor and was allowed to without a written referral process. It is recommended that this process for referral be documented within the resident record so the referral can be tracked.

The facility was found to be in compliance with this provision of standard 115.381.

115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Juvenciles needing more intense therapy shall be referred to the Psychologist/ Contract Psychiatrist for additional services. Juvenciles identified as high risk with a history of assaultive and/or predatory behavior, or at risk for sexual victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the SAYS Psychologist/Contract Psychiatrist."

The Agency Head has identified that she is a licensed counselor and provides supervision to agency counselors who are available to provide therapeutic services to residents who previously perpetrated sexual abuse. The Agency Head shared that she and her therapists were part of a grant program that included providing services to clients with problematic sexual behaviors (PBS). The grant was not specific to the detention center, but the Agency Head reported that in consultation with the juvenile courts if a resident was assessed as needing this service, it would be offered within 14 days of the intake screening. The facility reported there were no residents who reported previously perpetrating sexual abuse.

One concern of note is that the facility reported in the pre-audit questionnaire there were no incidents of resident reports of sexual victimization during this audit cycle. The auditor identified at least two active residents who disclosed sexual

victimization during the intake process and with whom the Superintendent had coordinated services with the therapist at the facility. As noted in the previous discussions of 115.341, the facility may not be accurately collecting and reporting the data from the intake and screening process.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.381.

Corrective action:

Update the intake and screening form to accurately reflect residents who disclose sexual perpetration and the referral to counseling services within 14 days of the intake screener.

Final Findings:

As noted in standard 115.341 provisional discussions, the screening form was updated to identify the 11 core elements of resident risk factors for sexual abuse and harassment. The intake screener specifically asks questions about a resident's history of abusing, assaulting, or physically harming another person, identifies if a person is at risk of victimizing another, and includes a category to identify potential perpetrators. An interview was conducted during the corrective action onsite phase of the audit with a mental health provider within the facility. The counselor shared that the process for referral for mental health services included the facility staff informing him directly when he was onsite of residents who reported sexual abuse or harassment during the intake process. Additionally, the detainees could request to see him directly, and he would coordinate services with them. He also indicated that the youth service workers will inform him directly if a detainee is having a hard time or if there are red flags that concern the staff related to a resident that they would like assessed. The counselor shared that other mental health providers within the agency were certified to provide treatment to juveniles with problematic sexual providers. (See the Agency Head interview feedback about this service in provision 115.335 discussion.) During the resident interviews, it was noted that a resident who was dealing with personal issues stated he had asked to see the counselor and was allowed to without a written referral process. It is recommended that this process for referral be documented within the resident record so the referral can be tracked.

The facility was found to be in compliance with this provision of standard 115.381.

115.381 (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and management decisions, including unit/room placement, education, and program assignments. Refer to SAYS Form 115.341.2 Guidelines for PREA Shared Information."

The Superintendent demonstrated the record security and management procedures as part of the onsite tour. See the provisional discussions for standard 115.389 for a full review of how records are secured. The auditor observed that all mental health records were secured in the mental health staff office in the administrative building, where only the therapist and the Agency Head had access to the records.

Findings:

The facility was found to be in compliance with this provision of standard 115.381.

115.381 (d): Medical and mental health practitioners shall 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18, using SAYS Form 100.8 Informed Consent for documentation."

The medical and mental health staff shared that it was a part of the informed consent process to secure resident consent before disclosing information about prior sexual victimization. The agency was observed to share with residents during the intake process that staff is a mandatory reporter, and resident disclosure of abuse or neglect would be reported to DHR. Two forms were provided to the auditor by the mental health staff that are used to capture informed consent: Consent to Treatment-HIPAA in Alabama Confidentiality Statement and Consent for Release of Information/Request of Information.

Findings:

The facility was found to be in compliance with this provision of standard 115.381.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382

Evidence relied upon in making the compliance determinations:

- * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault
- * Medical and Mental Health Staff interviews
- * Residents who Reported Sexual Abuse interviews
- * Random Staff/First Responders interviews

Reasoning and analysis (by provision):

115.382 (a): Resident victims of sexual abuse shall 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "On-site nursing treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken. Victims of sexual assault shall be referred under appropriate security provisions to a rape crisis center/hospital for treatment and gathering of evidence. The facility shall document that the rape crisis center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The medical staff interviewee reported that all residents who disclose sexual abuse will be immediately referred for medical treatment, which could include transport to the emergency room or participation in rape crisis services. The facility currently does not have an MOU with a local hospital or SAFE/SANE provider. The medical staff member disclosed in the interview that they also work for the local hospital and were able to describe in detail the type of medical services a victim of sexual abuse would receive at the hospital. The facility reported no incidents of sexual abuse during this reporting period that resulted in emergency medical care.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.382.

Corrective action:

Obtain an MOU with a medical provider who will be able to provide immediate medical intervention and crisis services for a resident who experiences sexual abuse.

Final Findings:

The PREA Coordinator provided email communication where she solicited an MOU with the local hospital to provide rape crisis services. The PREA Coordinator stated

in her interview that the hospital reported they do not have SAFE/SANE certified providers in their facility, but any patient that reported to the ER with reported sexual abuse or sexual assault injuries would receive a forensic exam. The auditor spoke to a nurse in the ER who confirmed this was the practice and that a rape kit would be completed in the case of sexual abuse or assault. It should also be noted that the SAYS nurse is also a nurse at the local hospital, and she confirmed during her interview that she was trained to complete, through the hospital, a rape kit and follow the chain of custody. The PREA Coordinator continued to solicit from the hospital an MOU stating this, but at the time of the end of the corrective action period, an MOU had not been obtained.

The facility was found to be in compliance with this provision of standard 115.382.

115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "On-site nursing treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken. Victims of sexual assault shall be referred under appropriate security provisions to a rape crisis center/hospital for treatment and gathering of evidence. The facility shall document that the rape crisis center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

See the provisional discussions of standard 115.362 for a full description of the First Responder duties of the facility staff. The random staff/first responder interviews reported that staff is trained that immediate medical services for a resident who experiences sexual abuse would include a call to 911 to provide emergency medical care. The staff reported that the nurse on staff would be immediately notified, and the staff would follow her directions as it related to stabilizing the victim. In addition, the Agency Head and the PREA Coordinator would be notified of the sexual abuse, so the full scope of PREA response protocols would be implemented based on agency policy and procedures. The facility reported no incidents of sexual abuse during this audit cycle.

Findings:

The facility was found to be in compliance with this provision of standard 115.382.

115.382 (c): Resident victims of sexual abuse, while incarcerated, shall be 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "g. Facility medical staff shall request the local rape crisis center/hospital to take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. The rape crisis center/hospital shall include:

- i. Collection of evidence from the victim using a kit approved by the appropriate authority
- ii. Giving the evidence collected by the rape crisis center/hospital directly to local law enforcement;
- iii. Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and
- iv. Prophylactic treatment and follow-up for sexually transmitted diseases."

The medical staff disclosed in the interview process that she is on-call 24 hours a day, and the staff is trained to contact in all emergency resident incidents. She shared that she provides emergency information to residents of sexual abuse, including emergency contraception and STI education. The medical staff provided examples of educational slides that are used to educate residents on STI education. The medical staff reported there were no incidents of a resident who reported sexual abuse during this audit cycle. However, she shared specific examples of how medical services were coordinated with the juvenile court system for a resident who was pregnant. The random staff interviews showed the staff's first response for a medical emergency or an incident of sexual abuse includes contacting the nurse for direction. The nurse reported she would then notify the Agency Head of the incident.

Findings:

The facility was found to be in compliance with this provision of standard 115.382.

115.382 (d): 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "The facility shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs."

The facility currently does not have an MOU with a medical provider or SAFE/SANE provider. When developing the MOU with the facility, the agency should include language related to treatment services that shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates

	<p>with any investigation arising out of the incident.</p> <p>Findings:</p> <p>The facility was found to be in non-compliance with this provision of standard 115.382.</p> <p>Corrective action:</p> <p>Obtain an MOU with a medical provider or SAFE/SANE provider that includes the language treatment services that shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Final Findings:</p> <p>The PREA Coordinator provided email communication where she solicited an MOU with the local hospital to provide rape crisis services. The pending MOU contains the language as outlined in this provision of standard 115.382. The PREA Coordinator continued to solicit from the hospital an MOU stating this, but at the time of the end of the corrective action period, an MOU had not been obtained.</p> <p>The facility was found to be in compliance with this provision of standard 115.382.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.383</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Medical and Mental Health Staff interviews * Residents who Reported Sexual Abuse interviews <p>Reasoning and analysis (by provision):</p> <p>115.383 (a): The facility shall 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.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "The facility shall offer all juveniles who experience sexual abuse access to forensic medical</p>

examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services through a qualified staff member from a community-based organization or a qualified agency staff member that has received Victim Advocacy training. Such training shall be documented on SAYS Form 115.321 Confirmation Receipt of Specialized Training for Victim Advocates."

The Agency Head reported it is the policy of the facility to provide medical and mental health services to residents who experience sexual abuse while in detention or other placement setting. The facility maintains an MOU with the Southeast Alabama Child Advocacy Center for victim services, but the facility is lacking an MOU for medical/SAFE/SANE services. The facility staffs a medical provider who is on-call 24 hours a day to provide medical evaluations and services or to coordinate appropriate referrals. The Agency Head shared in her interview that mental health services are available to residents through facility therapists that provide in-house weekly counseling on a case-by-case basis of assessed need.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.383.

Corrective action:

Obtain an appropriate MOU with a medical/SAFE/SANE provider.

Final Findings:

The PREA Coordinator provided email communication where she solicited an MOU with the local hospital to provide rape crisis services. The PREA Coordinator stated in her interview that the hospital reported they do not have SAFE/SANE certified providers in their facility, but any patient that reported to the ER with reported sexual abuse or sexual assault injuries would receive a forensic exam. The auditor spoke to a nurse in the ER who confirmed this was the practice and that a rape kit would be completed in the case of sexual abuse or assault. It should also be noted that the SAYS nurse is also a nurse at the local hospital, and she confirmed during her interview that she was trained to complete, through the hospital, a rape kit and follow the chain of custody. The PREA Coordinator continued to solicit from the hospital an MOU stating this, but at the time of the end of the corrective action period, an MOU had not been obtained.

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (b): The evaluation and treatment of such victims shall include, as

appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "In Residential placements, i.e., Boys and Girls Attention Homes, consultation with the Therapists or the Residential Manager shall incorporate appropriate treatment goals and objectives into the Med/Rehab Child Adolescent treatment plans to address any identified issues. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening."

The Agency Head reported it is the policy of the facility to provide medical and mental health services to residents who experience sexual abuse. The facility maintains an MOU with the Southeast Alabama Child Advocacy Center for victim services, but the facility is lacking an MOU for medical/SAFE/SANE services. The facility staffs a medical provider who is on-call 24 hours a day to provide medical evaluations and services or to coordinate appropriate referrals. The Agency Head shared in her interview that mental health services are available to residents through facility therapists that provide in-house weekly counseling on a case-by-case basis of assessed need. The mental health staff interview showed that an assessment of mental needs is provided with each referral for services, and a treatment plan is developed to address those needs. As well, the medical provider completes a medical assessment for the resident and establishes a medical care plan to address those needs while in treatment. The Agency Head reported the facility coordinates with the juvenile court system to make recommendations for continued treatment needs and referrals for continuing care in the community or other receiving facilities.

Findings:

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The Agency Head shared in her interview that mental health services are available to residents through facility therapists that provide in-house weekly counseling on a case-by-case basis of assessed need. The mental health staff interview showed that an assessment of mental needs is provided with each referral for services, and a treatment plan is developed to address those needs. As well, the medical provider completes a medical assessment for the resident and establishes a medical care plan to address those needs while in treatment. The Agency Head reported the facility coordinates with the juvenile court system to make recommendations for continued treatment needs and referrals for continuing care in the community or other receiving facilities.

Findings:

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (d): Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests.

And,

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The medical staff interview supported that pregnancy testing was a regular part of the agency's treatment of residents who report sexual activity. The medical staff demonstrated this practice by sharing the medical intervention for a female resident who was found to be pregnant upon arrival at the facility. The medical staff showed the auditor how pregnancy services were offered at the facility through a referral to a community provider and the transport of the resident to the medical services. The medical staff reported this would be the same practice for a resident who reported sexual abuse that included vaginal penetration. The facility reported no incidents of resident sexual abuse that included vaginal penetration during this audit cycle.

Findings:

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (f): Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.

The medical staff interview supported that testing for STIs was a regular part of the agency's treatment of residents who report sexual activity. The medical staff demonstrated this practice by sharing the medical intervention for residents who test positive for STIs upon arrival at the facility. The medical staff showed the auditor how STI services were offered at the facility through a referral to a community provider and the transport of the resident to the medical services. The medical staff reported this would be the same practice for a resident who reported sexual abuse. The facility reported no incidents of resident sexual abuse during this audit cycle.

Findings:

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (g): 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "The facility shall offer all juveniles who experience sexual abuse access to forensic medical

examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs."

The facility currently does not have an MOU with a medical provider or SAFE/SANE provider. When developing the MOU with the facility, the agency should include language related to treatment services that 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. The facility reported no incidents of sexual abuse during this audit cycle.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.383.

Corrective action:

Obtain an MOU with a medical provider or SAFE/SANE provider that includes the language treatment services that 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.

Final Findings:

The PREA Coordinator provided email communication where she solicited an MOU with the local hospital to provide rape crisis services. The proposed MOU contains the language as outlined in this provision of standard 115.383. The PREA Coordinator continued to solicit from the hospital an MOU stating this, but at the time of the end of the corrective action period, an MOU had not been obtained.

The facility was found to be in compliance with this provision of standard 115.383.

115.383 (h): The facility shall 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.

The facility did not show applicable policy or practice that included this language.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.383.

Corrective action:

Update agency policy to include the facility shall 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.

Final Findings:

The facility updated SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault, which states the following, "The on-site nursing staff shall ensure that the aggressor, if a juvenile, shall receive testing to include, but not be limited to: Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV.

Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician." The policy further states, "Juveniles needing more intense therapy shall be referred to the Psychologist/ Contract Psychiatrist for additional services. Juveniles identified as high risk with a history of assaultive and/or predatory behavior, or at risk for sexual victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the SAYS Psychologist/Contract Psychiatrist." An additional portion of the policy reads, "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending juvenile participation in such interventions. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education." As noted in the provision discussions for 115.381, the screening form was updated to identify the 11 core elements of resident risk factors for sexual abuse and harassment. The intake screener specifically asks questions about a resident's history of abusing, assaulting, or physically harming another person, identifies if a person is at risk of victimizing another, and includes a category to identify potential perpetrators. An interview was conducted during the corrective action onsite phase of the audit with a mental health provider within the facility. The counselor shared that the process for referral for mental health services included the facility staff informing him directly when he was onsite of residents who reported sexual abuse or harassment during the intake process. Additionally, the detainees could request to see him directly, and he would coordinate services with them. He also indicated that the youth service workers will inform him directly if a detainee is having a hard time or if there are red flags that concern the staff related to a resident that they would like assessed. The counselor shared that other mental health providers within the agency were certified to provide treatment to juveniles with problematic sexual providers. (See the Agency Head interview feedback about this service in provision 115.335 discussion.) During the resident interviews, it was noted that a resident who was dealing with personal issues stated he had asked to see the counselor and was allowed to without a written referral process. It is recommended that this process for referral be documented within the resident record so the referral can be tracked.

The facility was found to be in compliance with this provision of standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * SAYS Form 115.313R Surveillance Review Report * SAYS Form 12.4.1 Youth Grievance Form * Investigation handwritten interview notes of staff and residents involved in the incident * SAYS Form 3.1.Z Staff Discharge * SAYS Form DC 9.7 Progress/Behavior Note for residents * SAYS Form 115.386 Sexual Abuse Critical Incident Review * Superintendent or Designee interview * PREA Coordinator interview * Incident Review Team interviews <p>Reasoning and analysis (by provision):</p> <p>115.386 (a): The facility shall 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.</p> <p>SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "The facility PREA Coordinator shall conduct a sexual abuse incident review using SAYS Form 115.386 Sexual Abuse Critical 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."</p> <p>The PREA Coordinator and Agency Head interviews indicated that they are staff responsible for administrative reviews. The Agency Head completes administrative reviews of staff actions, and the PREA Coordinator completes administrative reviews of resident actions. This incident review team is made up of the PREA Coordinator, Agency Head, Superintendent, and the appropriate higher-level staff that can offer insight into the incident. The facility reported there were no incidents of sexual abuse that were reported or investigated during this audit cycle. During the onsite resident interviews, the auditor was notified of a grievance that was related to staff</p>

misconduct-sexual harassment. The PREA Coordinator provided the auditor with the investigation records related to this incident to show the process of investigation, the documentation utilized, and how the incident review team documents the investigative findings. It was noted by the auditor that a final investigative report was missing with the final determination of substantiated or unfounded. The staff was terminated while on administrative leave. However, the reason for termination was unrelated. There was no documentation submitted that showed the residents received final communication of the outcome of the investigation. A review of the submitted incident investigation documentation showed reports associated with the incident investigation, but there was not any final documentation show where the incident review team met to discuss the allegations, the investigative findings, or the conclusion of the investigation. It should also be noted that at the beginning of the onsite audit, there were no incidents of sexual abuse or sexual harassment reported to have occurred by the facility. However, the auditor discovered this incident of staff misconduct-sexual harassment as part of the resident interviews.

Findings:

The facility was found to be in non-compliance of this provision of standard 115.386.

Corrective action:

The facility incident review team and staff investigators need training to clearly identify their roles in conducting and documenting resident reports of sexual abuse and sexual harassment. The PREA Coordinator needs to establish a clear way to document and track allegations of sexual abuse and sexual harassment to include the outcome of such investigations as being substantiated or unfounded.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator and the Clinical Coordinator met with the auditor on a biweekly basis to review the issues identified in the corrective action report. One of the focus areas the auditor shared resources with the PREA Coordinator and Clinical Coordinator was steps for reviewing and documenting reports of sexual abuse and harassment. The PREA Coordinator showed the auditor a book she had created with the forms and a checklist for organizing incoming reports and supportive documentation. Also, the PREA Coordinator had created a desktop folder that allowed her to collect other investigative materials, such as video footage and other electronically provided materials. At the time of the corrective action onsite audit, there were no reported incidents of sexual abuse or harassment. The PREA Coordinator shared the investigative report of the incident the auditor had reported during the original onsite audit. Additional resources were shared with the facility, including forms and webinars, that assisted the PREA Coordinator in creating an Incident Review Team form. The PREA Coordinator provided documented training to the investigative team members.

The facility was found to be in compliance with this provision of standard 115.386.

115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "Such review shall ordinarily occur within 30 days of the conclusion of the investigation."

As noted in provision (a.) of this standard, the agency has a policy and procedure for conducting incident reviews and documenting the outcome of such reviews. During the onsite resident interviews, the auditor was notified of a grievance that was related to staff misconduct-sexual harassment. The PREA Coordinator provided the auditor with the investigation records related to this incident to show the process of investigation, the documentation utilized, and how the incident review team documents the investigative findings. It was noted by the auditor that a final investigative report was missing with the final determination of substantiated or unfounded. The staff was terminated while on administrative leave; however, the reason for termination was unrelated. There was no documentation submitted that showed the residents received final communication of the outcome of the investigation. A review of the submitted incident investigation documentation showed reports associated with the incident investigation, but there was not any final documentation show where the incident review team met to discuss the allegations, the investigative findings, or the conclusion of the investigation. It should also be noted that at the beginning of the onsite audit, there were no incidents of sexual abuse or sexual harassment reported to have occurred by the facility. However, the auditor discovered this incident of staff misconduct-sexual harassment as part of the resident interviews. The original grievance forms were completed at the end of September 2022 (29th and 30th). The PREA Coordinator conducted the interviews for the investigation on October 3, 2022. There was not a date noted on the Surveillance Report, but it also appeared to be around the first part of October. The staff intervention occurred on October 4, 2022. The auditor was onsite November 21-23, 2022, which is over 30 days from the incident, and there were no documents offered to show the final conclusion of the incident review.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.386.

Corrective action:

The facility incident review team and staff investigators need training to clearly identify their roles in conducting and documenting resident reports of sexual abuse and sexual harassment. The PREA Coordinator needs to establish a clear way to document and track allegations of sexual abuse and sexual harassment to include the outcome of such investigations as being substantiated or unfounded.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator and the Clinical Coordinator met with the auditor on a biweekly basis to review the issues

identified in the corrective action report. One of the focus areas the auditor shared resources with the PREA Coordinator and Clinical Coordinator was steps for reviewing and documenting reports of sexual abuse and harassment. The PREA Coordinator showed the auditor a book she had created with the forms and a checklist for organizing incoming reports and supportive documentation. Also, the PREA Coordinator had created a desktop folder that allowed her to collect other investigative materials, such as video footage and other electronically provided materials. At the time of the corrective action onsite audit, there were no reported incidents of sexual abuse or harassment. The PREA Coordinator shared the investigative report of the incident the auditor had reported during the original onsite audit. Additional resources were shared with the facility, including forms and webinars, that assisted the PREA Coordinator in creating an Incident Review Team form. The PREA Coordinator provided documented training to the investigative team members.

The facility was found to be in compliance with this provision of standard 115.386.

115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or therapists." The facility has established a policy that identifies who the incident team members will be. The Agency Head and the PREA Coordinator both confirmed that in addition to themselves, the incident team could include the Superintendent, higher-level staff, and any member of the facility team that can offer input as it relates to the incident investigative findings. However, as noted in provisions (a.) and (b.) above, the facility offered no examples or reported incidents of sexual abuse or sexual harassment that were investigated or reviewed. The one incident the auditor discovered while onsite did not include a final incident review team report at the conclusion of the investigation.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.386.

Corrective action:

The facility incident review team and staff investigators need training to clearly identify their roles in conducting and documenting resident reports of sexual abuse and sexual harassment. The PREA Coordinator needs to establish a clear way to document and track allegations of sexual abuse and sexual harassment to include the outcome of such investigations as being substantiated or unfounded.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator and the

Clinical Coordinator met with the auditor on a biweekly basis to review the issues identified in the corrective action report. One of the focus areas the auditor shared resources with the PREA Coordinator and Clinical Coordinator was steps for reviewing and documenting reports of sexual abuse and harassment. The PREA Coordinator showed the auditor a book she had created with the forms and a checklist for organizing incoming reports and supportive documentation. Also, the PREA Coordinator had created a desktop folder that allowed her to collect other investigative materials, such as video footage and other electronically provided materials. At the time of the corrective action onsite audit, there were no reported incidents of sexual abuse or harassment. The PREA Coordinator shared the investigative report of the incident the auditor had reported during the original onsite audit. Additional resources were shared with the facility, including forms and webinars, that assisted the PREA Coordinator in creating an Incident Review Team form. The PREA Coordinator provided documented training to the investigative team members.

The facility was found to be in compliance with this provision of standard 115.386.

115.386 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

And,

115.386 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "4. The review team shall:

a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the Executive Director, Residential Services Director and PREA Coordinator.
- g. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so."

The facility has established a policy that identifies the key elements for review by the incident review team. However, as noted in provisions (a.) through (c.) of this standard, the practice of meeting to address and document any recommendations for improvement to be submitted to the facility head and PREA Coordinator is not established. The facility offered no examples of this type of documentation as it related to an investigation of staff misconduct-sexual harassment during the onsite audit. In the pre-audit questionnaire, the facility uploaded a form example, SAYS Form 115.386 Sexual Abuse Critical Incident Review. However, during the incident review with the PREA Coordinator and the investigation records review, the auditor did not find this form to be implemented into the practice of data collection for incident reviews. The form does contain the elements pursuant to this standard, including policy review, incident motivation, physical barriers, adequate staffing, monitoring technology, and recommendations for improvement.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.386.

Corrective action:

The facility needs to develop a formal process for the incident review team to: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such

report to the facility head and PREA coordinator. Include the completion of incident review documentation using the established practices that are identified in the agency policy.

Final Findings:

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault was updated to include the following language, "The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the Executive Director, Clinical Services Coordinator, and PREA coordinator.
- g. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so."

The policy was developed and reviewed by the incident review team, as confirmed in the biweekly meetings and corrective onsite interviews with the PREA Coordinator and the Clinical Coordinator.

The facility was found to be in compliance with this provision of standard 115.386.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.387
	Evidence relied upon in making the compliance determinations:

* SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault

* PREA Data Report 2021

* Aggregated Data Report of PREA Allegations

* SAYS Policy 11.4 Collection and Storage

Reasoning and analysis (by provision):

115.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

And,

115.387 (c): The incident-based data collected shall 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "P. Data Collection

1. SAYS shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions."

The PREA Coordinator reported throughout the audit process that it is the practice of the facility to collect accurate, uniform data for every allegation of sexual abuse at its facilities. During the pre-onsite portion of the audit, the PREA Coordinator and auditor communicated about the aggregated data that was maintained on the agency website. Initially, the data reported was for 2021 only. The PREA Coordinator updated the aggregate report to include data from 2014 through 2021 to show a comparison. The report is standardized and uses a set of definitions that are in line with the DOJ SSV-IJ uniform data collection requirements. A concern the auditor will note, as a result of the provisional findings for standard 115.386, is the accuracy of the reported data. The facility has shown 0 allegations of sexual abuse or sexual harassment since 2014. During the onsite resident interview process, the auditor was able to identify at least 1 allegation of staff misconduct-sexual harassment that the facility had investigated but was not noted in the pre-audit questionnaire or reported by the facility as an investigative record for review to the auditor. It is recommended that the PREA Coordinator participate in additional training to support her ability to identify allegations of sexual abuse and sexual harassment, correctly define and document those allegations, and to be able to accurately reflect the outcomes of the allegations in a uniformly standardized set of definitions.

Findings:

The facility was found to be in non-compliance with this provision of standard

115.387.

Corrective action:

Create a data collection system that will accurately reflect through a set of standardized instruments and definitions, the number of allegations of sexual abuse and sexual harassment that occur at this facility, including the outcomes of the allegations.

Final Findings:

As identified in the provisional discussion for 115.386, the PREA Coordinator established a process for documenting and tracking incident reports and investigative findings. In addition, the PREA Coordinator reviewed resources and watched online training resources that helped support her role with the agency. During the biweekly corrective action meetings and the corrective action onsite interviews, the PREA Coordinator shared the insights she had gained as it relates to documenting sexual abuse and harassment reports and investigations. The PREA Coordinator shared that she discovered many of the processes and forms for PREA had been in place with the previous PC, but she was unaware of them. Through this audit process, she reported that she had gained additional insight and understanding of her role as the PREA authority for their agency. The PREA Coordinator provided an updated report of the annual aggregated data for review.

The facility was found to be in compliance with this provision of standard 115.387.

115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "P. Data Collection

2. SAYS and private providers shall aggregate the incident-based sexual abuse data at least annually using SAYS Form 115.387 PREA Data Report."

The PREA Coordinator reported throughout the audit process that it is the practice of the facility to collect accurate, uniform data for every allegation of sexual abuse at its facilities. During the pre-onsite portion of the audit, the PREA Coordinator and auditor communicated about the aggregated data that was maintained on the agency website. Initially, the data reported was for 2021 only. The PREA Coordinator updated the aggregate report to include data from 2014 through 2021 to show a comparison. The report is standardized and uses a set of definitions that are in line with the DOJ SSV-IJ uniform data collection requirements. See provision (a.) of this standard for recommendations on how to accurately complete this report.

Findings:

The facility was found to be in compliance with this provision of standard 115.387.

115.387 (d): The agency shall maintain, review, and collect data as needed

from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "P. Data Collection

3. Facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

As noted in the provision (a.) and (c.) discussion of this standard, the PREA Coordinator indicates the facility follows the agency policy as it relates to maintaining, reviewing, and collecting data from all available incident-based documents. A concern with the accuracy of collecting and reporting this data arose while the auditor was onsite. The facility reported in the pre-audit questionnaire there were no reported allegations of sexual abuse or sexual assault during the reporting period. The aggregate data report for the years 2014 through 2021 also indicated there were no reported incidents of allegations of sexual abuse or sexual harassment, either substantiated or unfounded, during that entire time frame. The auditor discovered a report of staff misconduct-sexual harassment that was investigated by the facility during this audit period that was not disclosed at the time of the onsite audit. The PREA Coordinator reported in her interview, and the Agency Head in her interview, that the PREA Coordinator is responsible for maintaining all investigation records and reports. The PREA Coordinator was able to produce the investigation records at the auditor's request, but the documentation practices do not appear to be maintained in a clearly defined format to support accurate data collection.

Findings:

The facility was found to be non-compliant with this provision of standard 115.387.

Corrective action:

Create a data collection system that will accurately reflect, through a set of standardized instruments and definitions, the number of allegations of sexual abuse and sexual harassment that occur at this facility, including the outcomes of the allegations.

Final Findings:

During the corrective action phase of the audit, the PREA Coordinator and the Clinical Coordinator met with the auditor on a biweekly basis to review the issues identified in the corrective action report. One of the focus areas the auditor shared resources with the PREA Coordinator and Clinical Coordinator was steps for reviewing and documenting reports of sexual abuse and harassment. The PREA Coordinator showed the auditor a book she had created with the forms and a checklist for organizing incoming reports and supportive documentation. Also, the PREA Coordinator had created a desktop folder that allowed her to collect other

investigative materials, such as video footage and other electronically provided materials. At the time of the corrective action onsite audit, there were no reported incidents of sexual abuse or harassment. The PREA Coordinator shared the investigative report of the incident the auditor had reported during the original onsite audit. Additional resources were shared with the facility, including forms and webinars, that assisted the PREA Coordinator in creating an Incident Review Team form. The PREA Coordinator provided documented training to the investigative team members. The PREA Coordinator provided an updated report of the annual aggregated data for review.

The facility was found to be in compliance with this provision of standard 115.387.

115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency does not contact other facilities for the confinement of its residents.

115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The PREA Coordinator reported the Department of Justice had not requested data from the previous calendar. She further reported that this information had not been requested since the COVID pandemic began.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault * DC PREA Report 2020-21 * SAYS Form 115.387 PREA Data Report Comparison * Agency website: https://www.saysdothan.com/prea * Agency Head interview * PREA Coordinator interview <p>Reasoning and analysis (by provision):</p>

115.388 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "A. Data Review for Corrective Action

1. The SAYS PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the SAYS sexual abuse prevention, detection, and response policies and practices, and training including:

a. Identifying problem areas;

b. Taking corrective action on an ongoing basis; and

c. Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole."

The agency has developed a policy that indicates the facility will annually review data to comply with the key elements of this provision of standard 115.388. Please review the provisional discussion of 115.387 for findings and recommendations as it relates to documentation and incident data collection. However, the agency did not define how this data would be collected and documented. The facility did not provide the auditor with an annual report of its findings and corrective actions for the facility. (It should be noted the facility reported no allegations of sexual abuse and sexual harassment during this audit period.)

Findings:

The facility was found to be in non-compliance with this provision of standard 115.388.

Corrective action:

Complete an annual report for the agency and include a review of the aggregate data from the 115.387 comparison data to (1) Identify problem areas; (2) Take corrective action on an ongoing basis; and (3) Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Final Findings:

As part of the Annual Staffing Plan, the PREA Coordinator used the information from the aggregate data form to make recommendations to the Agency Head for staffing, resources, and technology that is needed to support the process for detecting, preventing, reporting, and responding to sexual abuse and harassment. The PREA Coordinator and the Clinical Coordinator participated in biweekly meetings with the

auditor to review resources and discuss how the incident data and aggregate reports are to be used in decision-making within the facility. As noted in the provisional discussions for 115.386, the PREA Coordinator has established a process for collecting and maintaining incident investigation reports.

The facility was found to be in compliance with this provision of standard 115.388.

115.388 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "A. Data Review for Corrective Action

2. The SAYS Annual PREA Report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of SAYS's progress in addressing sexual abuse." As noted in provision (a.) of this standard, the facility did not provide a PREA Annual Report that compares previous years data and corrective actions with prior years to include an assessment of the agency's progress in addressing sexual abuse. The documentation provided by the PREA Coordinator to satisfy this standard was the aggregate data report pursuant to standard 115.387.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.388.

Corrective action:

Complete a PREA Annual Report that compares previous years' data and corrective actions with prior years to include an assessment of the agency's progress in addressing sexual abuse.

Final Findings:

As part of the Annual Staffing Plan, the PREA Coordinator used the information from the aggregate data form to make recommendations to the Agency Head for staffing, resources, and technology that is needed to support the process for detecting, preventing, reporting, and responding to sexual abuse and harassment. The PREA Coordinator and the Clinical Coordinator participated in biweekly meetings with the auditor to review resources and discuss how the incident data and aggregate reports are to be used in decision-making within the facility. As noted in the provisional discussions for 115.386, the PREA Coordinator has established a process for collecting and maintaining incident investigation reports.

The facility was found to be in compliance with this provision of standard 115.388.

115.388 (c): The agency's report shall be 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.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "A. Data Review for Corrective Action

3. The SAYS Annual PREA Report shall be approved by the Executive Director and made readily available to the public through the agency website."

As noted in provisions (a.) and (b.) of this standard, the facility did not provide a PREA Annual Report that compares previous years' data and corrective actions with prior years to include an assessment of the agency's progress in addressing sexual abuse. The report was not approved by the Agency Head. The documentation provided by the PREA Coordinator to satisfy this standard was the aggregate data report pursuant to standard 115.387.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.388.

Corrective action:

Complete a PREA Annual Report that compares previous years' data and corrective actions with prior years to include an assessment of the agency's progress in addressing sexual abuse. The report should show approval by the Agency Head, whether by documented signature or other supporting agency meeting notes showing the review and approval by the Agency Head. This report should be documented on the agency website.

Final Findings:

The PREA Coordinator completed an Annual Aggregate Data report that compares the allegations and findings to the previous years. This report was confirmed by the auditor to be posted on the facility's website.

The facility was found to be in compliance with this provision of standard 115.388.

115.388 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

SAYS PREA Policy 13.8.1 Protection from Sexual Abuse and Assault states, "A. Data Review for Corrective Action

4. SAYS may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

As noted in provisions (a.) through (c.) of this standard, the agency did not provide a PREA Annual Report as outlined in the agency policy. It is recommended that the

	<p>agency follow its guidelines for documenting accurately the findings of the investigations and corrective action plans, but to redact information that would present a clear and specific threat to the safety and security of a facility, the facility must indicate the nature of the material redacted.</p> <p>Findings:</p> <p>The facility was found to be in non-compliance with this provision of standard 115.388.</p> <p>Corrective action:</p> <p>When the agency documents the annual report and findings, it may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Final Findings:</p> <p>The PREA Coordinator completed an Annual Aggregate Data report that compares the allegations and findings to the previous years. This report was confirmed by the auditor to be posted on the facility's website. The facility contained data elements only and no information that would present a clear and specific threat to the safety and security of a facility or residents.</p> <p>The facility was found to be in compliance with this provision of standard 115.388.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * SAYS Policy 11.4 Collection and Storage * SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault * Onsite observation or records storage, including resident records, personnel records, medical and mental health records, and investigation records * PREA Coordinator interview <p>Reasoning and analysis (by provision):</p> <p>115.389 (a): The agency shall ensure that data collected pursuant to §</p>

115.387 are securely retained.

SAYS Policy 11.4 Collection and Storage states, "SAYS ensures that all types of records – including paper or electronic case records, administrative records, health and personnel records are safely and securely maintained."

During the onsite tour of the facility, it was observed that resident records are stored in a locked records room, where only the Superintendent, PREA Coordinator, and the Agency Head have access. The Superintendent was able to show the auditor during the onsite tour the process for records management and the safety and security of record storage. The detention staff completed the intake paperwork and other daily documentation and placed those documents in a file for Master Control to organize and file in the resident records. Master Control will coordinate with the Superintendent to retrieve files from the records room or to store files that are created and updated by the facility staff. The records room has a camera that is observed in real-time and records who is accessing the room for video review by the administrative staff as needed. The employee records were maintained under lock and key in the Human Resources office. The investigative files were maintained under lock and key in the PREA Coordinators' office. The medical records were maintained under lock and key in the medical office. And the mental health records were maintained under lock and key in the therapist's office. The PREA Coordinator confirmed in her interview that all records are stored safely and securely with access on an as needed basis according to the staff's role in the agency. The agency was observed to use pen and paper documentation. The camera system was observed to be in live feed format for all detention staff who worked in Master Control or had access to the area. The PREA Coordinator shared that she had access to view live footage, rewind and watch footage from previous days, and record and archive footage as it relates to incident management.

Findings:

The facility was found to be in compliance with this provision of standard 115.389.

115.389 (b): The agency shall 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.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "R. Data Storage, Publications, and Destruction

2. SAYS shall 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."

As noted in the provisional discussion of standard 115.387, the facility completes an aggregate report that captures data specific to allegations and findings related to sexual abuse and sexual harassment in the facility. The data posted on the website showed the previous year's data, and was updated to include an annual comparison

of the data of each year since 2014. The PREA Coordinator indicated in her interview that she is responsible for collecting and reporting this data annually.

Findings:

The facility was found to be in compliance with this provision of standard 115.389.

115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "R. Data Storage, Publications, and Destruction

3. Before making aggregated sexual abuse data publicly available, SAYS shall remove all personal identifiers."

As noted in provision (b.) of this standard, the facility completes an aggregate report that captures data specific to allegations and findings related to sexual abuse and sexual harassment in the facility. The auditor observed and downloaded a copy of the annual data report from the agency website. The aggregate data report did not contain resident or staff personal identifiers. The information captured was the types of allegations, the number of allegations, and the allegations' outcomes. The data was reported in Excel format, with specific columns and definitions of the data being reported.

Findings:

The facility was found to be in compliance with this provision of standard 115.389.

115.389 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

SAYS Policy 11.4 Collection and Storage states, "The agency maintains a records retention/destruction schedule for all records which is approved by the Board of Directors. SAYS maintains case records ten years after termination of service unless otherwise mandated by law or COA's requirements the specific services. Records protocols ensure the protection privacy; allow for legitimate requests by former persons served for access to information when permissible by law, allows for requests for records of deceased persons served. In the event of the agency's dissolution, SAYS records become the property of the SAYS Board of Directors."

SAYS Policy 13.8.1 Protection for Sexual Abuse and Assault states, "R. Data Storage, Publications, and Destruction

4. All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the SAYS record retention schedule. The agency shall maintain sexual abuse data collected pursuant to §

	<p>115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise."</p> <p>The PREA Coordinator reported in her interview the agency follows the guidelines for record storage as outlined in this policy. The PREA Coordinator and auditor discussed that all PREA incident investigation records and supporting employee and resident records must be maintained for a minimum of 10 years after the initial collection of the data. It was observed the facility PREA records were under the 10-year time frame, and the designated staff were able to provide the auditor with the requested information needed to complete PREA standard audit findings.</p> <p>Findings:</p> <p>The facility was found to be in compliance with this provision of standard 115.389.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * Photos of posted audit signs at least 6 weeks prior to the onsite audit * PREA Audit Contract between the Agency and the PREA Auditor * Onsite tour of the facility, record reviews, staff and resident interviews * PREA audit reports for 2019 and 2016 * PREA Coordinator interview * Random Staff interviews * Resident interviews <p>Reasoning and analysis (by provision):</p> <p>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The facility was audited in 2016 and 2019 and contracted with this auditor to have an audit in 2022. Copies of the previous audit report were reviewed for compliance.</p> <p>Findings:</p>

The facility was found to be in compliance with this provision of standard 115.401.

115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The facility had the audit report for 2019 posted on its website and provided the documentation to the auditor for review. However, prior audit reports were not made available to allow the auditor to show compliance with this provision of standard 115.401.

Findings:

The facility was found to be in non-compliance with this provision of standard 115.401

Corrective action:

Provide previous audit reports for review and confirmation that the facility was in compliance with this standard.

Final Findings:

The facility was audited in 2016 and 2019 and contracted with this auditor to have an audit in 2022. Copies of the previous audit report were reviewed for compliance.

The facility was found to be in compliance with this provision of standard 115.401

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor contracted with the facility to conduct a PREA audit as outlined in the Juvenile PREA Standards. As part of the contract, the facility agreed to grant the auditor access to and the ability to observe all areas of the audited facility. At the time of the onsite audit, the PREA Coordinator allowed the Superintendent to escort the auditor to all areas of the facility. The auditor was allowed to observe unlocked as well as locked areas. The auditor observed indoor and outdoor areas. The auditor was allowed access to outdoor storage buildings. The auditor was allowed to view the Master Control Room, all camera systems, as well as the records room and medical department. The Superintendent had keys and opened all areas as requested by the auditor. The auditor was granted access to all detainee records, employee records, and incident records as requested.

Findings:

The facility was found to be in compliance with this provision of standard 115.401.

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor was supplied with records at her request for both residents and staff

while onsite. The records were chosen based on the random interviews conducted by the auditor. As a result of investigation items that needed clarification, the auditor reviewed additional records to see how incidents, intake paperwork, and room assignments were documented. Also, as the result of interviewee information shared during the onsite interviews that warranted further review by the auditor, additional documentation was requested.

Findings:

The facility was found to be in compliance with this provision of standard 115.401.

115.401 (m): The auditor shall be permitted to conduct private interviews with residents.

The auditor was given the opportunity to conduct private interviews with the staff and residents that she chose from the active staff roster and an active resident roster that was provided on the first day of the onsite audit. The Superintendent had a private office in the main hall next to the Master Control Room. The office had windows that allowed for safety and observation by staff, but the interviews were free from being overheard by others, and the room was not monitored or recorded. Administrative interviews were conducted through a secure Zoom invite prior to arriving onsite with the PREA Coordinator and in the administrative conference room while onsite.

Findings:

The facility was found to be in compliance with this provision of standard 115.401.

115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The PREA Coordinator submitted photos of the PREA audit announcements that were posted for the residents and staff by October 1, 2022. The postings were located in the following areas: the staff break room and control room, the boys' classroom, A B and C Hall, the TV rooms, and the girls' classroom. The residents and staff confirmed while onsite that the postings had been up for 'several weeks' prior to the auditor arriving at the facility. The residents confirmed during the interview process that all legal correspondence was confidential and private, and they could send this communication when needed. The auditor reminded the staff and detainees that any correspondence to the auditor was to be handled with the same confidentiality as the legal representation mail. The auditor did not receive any written correspondence during the audit process.

Findings:

The facility was found to be in compliance with this provision of standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> * 2019 Final Audit Report * SAYS Signed Audit Contract * https://www.saysdothan.com/prea * PREA Coordinator interview <p>Reasoning and analysis (by provision):</p> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The facility has a website that is easily searchable by the facility name: https://www.saysdothan.com/prea. The auditor observed that the facility had a PREA page on the website, which contained a copy of the previous audit report the facility received in 2019. The auditor accessed that website and reviewed it in full prior to contracting with the agency and throughout the audit process. The previous audit report was available for review on the website. The facility contracted with this auditor to complete an audit report, and as part of the contract, the facility agreed to post the final audit report within 14 days of receipt of said report. The PREA Coordinator shared in her interview that this information is publicly available and is updated as needed.</p> <p>Findings:</p> <p>The facility was found to be in full compliance with standard 115.403.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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.)	yes
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	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.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
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	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	no

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
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 addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes