

PREA Facility Audit Report: Final

Name of Facility: Montgomery County Youth Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/15/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kimberly Harden	Date of Signature: 06/15/2021

AUDITOR INFORMATION	
Auditor name:	Harden, Kim
Email:	k_harden@bridgeinc.org
Start Date of On-Site Audit:	04/26/2021
End Date of On-Site Audit:	04/28/2021

FACILITY INFORMATION	
Facility name:	Montgomery County Youth Facility
Facility physical address:	1111 Airbase Blvd, Montgomery, Alabama - 36108
Facility Phone	
Facility mailing address:	PO Box 9219, Montgomery, Alabama - 36108

Primary Contact	
Name:	Brandi Alexander
Email Address:	brandialexander@mc-ala.org
Telephone Number:	334-240-2119

Superintendent/Director/Administrator	
Name:	Brandi Alexander
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Facility PREA Compliance Manager	
Name:	Kenneth Arnold
Email Address:	kennetharnold@mc-ala.org
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Facility Health Service Administrator On-Site	
Name:	Markeisha Harris
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Facility Characteristics	
Designed facility capacity:	52
Current population of facility:	18
Average daily population for the past 12 months:	25
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:	13-18
Facility security levels/resident custody levels:	medium
Number of staff currently employed at the facility who may have contact with residents:	34
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:	7

AGENCY INFORMATION	
Name of agency:	Montgomery County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	101 South Lawrence, Montgomery, Alabama - 36104
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Patricia Boyd	Email Address:	patriciaboyd@mc-ala.org

AUDIT FINDINGS

Narrative:

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

Montgomery County Youth Detention Facility (MCYD) contracted with this auditor to conduct a PREA audit starting in January 2021. After making initial contact with the agency Superintendent it was agreed that the Online Audit System (OAS) would be utilized to complete the Pre-Audit Questionnaire (PAQ) by the facility and the audit report by the auditor. Communications were started with the PREA Resource Center (PRC) and the facility was granted access to begin the PAQ process in February. An introductory Zoom meeting was conducted with the Agency Head, Superintendent, PREA Coordinator and PREA Manager in February. The audit process was reviewed in detail, including the approximate timeframes of the pre-, onsite, and post-audit phases. Staff were instructed on the unobstructed access the auditor would need to detainees and staff during the onsite phase. Discussions were held on the documentation that would need to be uploaded into the OAS PAQ. I was informed that the Superintendent would be my primary point of contact, and she would be responsible for the PAQ uploads. The PAQ was submitted in March 2021, and the audit announcements with the auditor contact information were posted in March, as well. Photos of the announcements in English and Spanish were emailed to the auditor in March, and subsequently verified through visual observation and through staff/detainee interviews while onsite. The onsite audit was conducted April 26-28, 2021. The post-onsite audit phase was completed in May 2021.

A specific list of documents reviewed can be found within each standard. The auditor used the following types of documentation during all phases of the audit to make her determinations. The facility uploaded the policies for the required standards to the PAQ and they were reviewed by the auditor for compliance to the standards, and to familiarize herself with the processes to be observed while onsite at the facility. There were no reported incidents of sexual abuse or sexual assault during this audit cycle. Incident reports and grievances were reviewed related to potential sexually harassing language by detainees to detainees, and a grievance related to a staff member's observation protocols during shower time. All incidents were found to be unfounded or unsubstantiated. The detainees in question received education on the zero tolerance policy and the use of "no contact orders" were utilized to separate detainees during program activities. The staff member in question received education on the zero tolerance policy and was placed in another wing during the investigation process. This was confirmed by a review of incident review memos, staff interviews and detainee interviews while onsite. Mandatory reports were reviewed that were submitted to the Department of Human Resources (DHR) as they related to reports of sexual abuse. Investigative files were reviewed for internal investigations, as there were no reported criminal investigations from the onset of PREA in 2012. The auditor observed the intake education and screening process of a new detainee while onsite, and a random sample of detainee files were reviewed. It was discovered that all detainees are screened at time of admission, prior to being admitted to the unit. It was also noted that all detainees that leave the facility for any reason, i.e. hospital, court, discharge, transfer from another facility, etc., are walked back through the entire intake process prior to being admitted back into the unit. The auditor reviewed detainee medical records, staff background checks, staff training records, staff and detainee Zero Tolerance education and training records, log books (that recorded items such as the shower processes, observation logs, and unannounced rounds), staff schedules, and staff meeting minutes.

The auditor conducted an onsite facility tour at the beginning of the first day at the facility and utilized the PREA Audit Tool Onsite Audit Tour guidelines. The tour was facilitated by the PREA Coordinator. The auditor was granted unrestricted access to all areas of the facility, including detached buildings separate from the detention center such as the maintenance building. The auditor observed camera placement in all areas and no visible blind spots were noted. The auditor observed the kitchen, dry storage, freezer, refrigerator, and loading zones. Cameras were available and observed in all areas, and it was observed that detainee staff and detainees did not have access to these areas. Maintenance workers were monitored when in the facility by detention staff, and the detainees were never present or in the cells when workers were present in the units. The auditor observed the showers and detainee cells, and monitored the privacy practices associated with shower time and detainee toileting activities. Detention staff and detainees were all educated on the privacy practices associated with opposite gender viewing and able to communicate how staff offer privacy to prevent observation of unclothed detainees. (Specific practices will be noted in the specific standard within the audit report.) Auditor observed staff announcing themselves and the auditor when entering the individual units. Auditor was also able to observe the search procedures. Auditor observed grievance boxes, PREA posters, PREA audit announcements, handbooks, and grievance forms while touring the facility.

The auditor was allowed private interview space to conduct interviews of detainees and staff. The training/meeting room on the main hall of the detention units was used. Detainees and staff were brought to the auditor and introduced. No other persons were present in the room during the interview. The door to the hall was propped open for monitoring purposes only, but no audio video monitoring was accessible in the room being used for interviews. It was noted that no one stood outside the door during interviews and regular programming continued during the interviews with the other staff and detainees. The auditor instructed all interviewees of the voluntary nature of the interviews, as well as duty to report and confidentiality of the interviews. The auditor was provided a current staff roster and detainee roster upon arrival to the facility. There were 20 detainees in the facility on the first day of the onsite audit. (One female detainee and 19 male detainees.) 6 detainees were in quarantine for new arrival COVID precautions. There were two detainees in "special management" units, one due to a medical issue and inability to manage regular programming within a unit, and the other due to age; he was 18 and was not being mixed with the younger detainees. The auditor initially chose detainees for interviews based on choosing one from each wing, the first and last cells on each hall in each wing, and at least one from the special management unit. However, due to the previously stated quarantine protocols, auditor went down the list and chose 10 detainees for interviews by skipping to the next cell over until a detainee was in that room. Auditor was able to interview detainees from each wing, from the male and female units, and from special management units. 10 random resident interview protocols were completed as well as resident interview protocols for a client that identified as gay, a client with an IEP, and a client that reported sexual abuse prior to coming to this facility. Detainees for other special populations such as transgender/intersex, deaf, blind, or limited English proficient were not present at the time of the onsite audit.

The auditor conducted 18 total staff interviews while onsite. The PREA Manager was out of town at an annual training event during the onsite audit, and his interview was conducted by phone once he returned to the office. The staff interview protocols used included those for Random Staff, Agency Head, Superintendent, PREA Coordinator, PREA Manager, Agency Contract Administrator, Staff Responsible for Unannounced Rounds, Medical and Mental Health Staff, Staff Responsible for Cross-Gender Searches, HR Personnel, Education Staff, Investigative Staff, Intake and Screening Staff, Staff who observe detainees in isolation, the Incident Review Team, Staff who Monitor Retaliation, and First Responders. Random Staff interviews included detention officers and their supervisors, control room

staff, kitchen staff, maintenance staff, medical staff, mental health staff, and education staff. Volunteers were not currently participating in programming due to COVID protocols. Additional offsite phone interviews were completed with the SAFE/SANE staff, the sexual assault hotline operator, DHR, and sheriff's department. The auditor completed reviews of the detention website, the county website, news articles that named the detention center, and additional communications went out to JDI, DHR, the rape crisis center, the hospital and the sheriff's department to confirm MOUs and to assess if any incidents of sexual abuse or sexual assault had occurred or were reported from MCYD.

AUDIT FINDINGS

Facility Characteristics:

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

Montgomery County Youth Detention Center (MCYD) is a detention facility that has the capacity to detain up to 52 youth. MCYD serves both male and female youth ages 13-18 years old. MCYD is a medium security facility that served 164 youth in 2020. There were 20 youth in the facility at the time of the onsite audit. MCYD contracts with other counties to house detainees. These counties include Elmore, Chilton, Autauga, Monroe and Butler. MCYD staffed approximately 35-40 full-time and part-time employees at the time of the audit. This staffing pattern included administrative roles, juvenile detention officers, supervising detention officers, medical, food service, and maintenance staff. MCYD uses contract education and mental health staff as part of the daily programming. There were 7 volunteers on file during this audit cycle and they provide spiritual services to the detainees. Direct supervision staff are maintained on each shift to monitor detainees at a 1:8 ratio during awake hours and 1:12 ratio during asleep hours. In addition to this, a supervisor and central control staff member are present on each shift, at a minimum. The Agency Head is Brandi Alexander, the Superintendent is Patricia Floyd, the PREA Coordinator is Timothy Weathersby and the PREA Manager is Kenneth Arnold.

MCYD is in the same building with juvenile court and probation services. The facility shares an entrance that includes a check in office, a security guard, and supervised entry through a metal detector and bag scan security measures. These measures are in place during regular business hours. The front entrance is locked and a side entrance is monitored by central control during afterhours entry. MCYD is housed in a single building. MCYD is accessed through a secure entry off the main entry waiting room. The MCYD entry hall contains central control, detention administrative offices and includes the initial security sign in. Central control grants access to the detention units through another secure waiting area that includes a visitation room used for family, attorney and other private appointments, such as mental health assessments. The room is visible to central control, but is not monitored by sound. Exit from this area is granted by central control and entry to the main detention area is next. This area consists of one main hall with rooms to the right and to the left. Youth are detained in three main housing areas: A-wing (for female detainees), B-wing (for male detainees age 13-15) and C-wing (for male detainees age 16-17). Each housing unit contains 16 single cell confinement rooms, two shower rooms, a staff office, and one-two dayrooms. There is an exit door on each unit to the outside yard which remains locked, but allows for access during emergency drills or for outside recreation time. There are 4 "special management" rooms used for detainees under special supervision criteria, such as medical issues, suicide watch, detainees 18 or older, or other needs that may prevent a detainee from being inside a specific unit. These rooms are across the hall from each unit and are under the observation of the detention staff. Detainees in these room may participate in regular programming with other detainees, or they may receive individualized services and supervision based on the individual safety needs.

The detention area also includes educational classrooms, a training/meeting room, a cafeteria/kitchen suite, a gymnasium, a medical office suite, supervisory detention officer offices, and storage rooms. The outdoor yard area is fenced in but offers additional recreational space for playing basketball, growing an outdoor garden, walking or other outdoor activities as implemented by the detention staff. All areas are monitored through video surveillance by unit detention staff, central control, and administrative

supervisors. Video in the individual units only have sound capabilities. Video monitoring has the ability to store footage at least 90-days for recall, but staff agree that it is usually accessible longer than that. Auditor was informed that a new video monitoring system had just been installed the week prior to the onsite audit. All areas are locked and can only be accessed by being buzzed through by central control. Storage rooms and offices that are locked are only accessible by keys given to the administrative supervisors. The onsite medical staff provide basic health needs and medication monitoring. The emergency and sexual assault services are provided by Jackson Hospital and One Place Family Justice Center. The mental health assessments are provided by a counselor employed by the juvenile court system with other supportive sexual abuse services offered through One Place Family Justice Center. The facility uses Montgomery County Sheriff's Department for criminal investigations and internal administrative investigations are conducted by the Facility Head, Superintendent and PREA Coordinator.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	2
Number of standards met:	41
Number of standards not met:	0

Overall, MCYD was found to be in compliance with all standards associated with the Prison Rape Elimination Act (PREA).

MCYD was found to have exceeded standard 115.311 as it relates to providing zero tolerance education to staff and detainees. Aside from education and training provided at intake, new hire, and annually; staff and detainees indicated that small group discussions occur daily, with a regularly rotated curriculum that includes the topics of PREA reporting, grievance processes, PREA prevention, and PREA definitions. The staff and detainees reported that the Superintendent, PREA Manager and PREA Coordinator regularly participate in these small group discussions and openly communicate the detainees' rights to be free from sexual harassment and sexual assault. The detention staff and detainees were well versed in PREA zero-tolerance language and could easily communicate to the auditor ways to prevent, detect and report sexual abuse and sexual assault.

MCYD met and exceeded standard 115.313. The staffing plan is monitored annually, but is further assessed on a monthly, weekly, and even daily basis. The supervisors take an active role in the daily programming and supervision of the facility. Unannounced rounds occur on each shift and are documented in the log books and on a Supervisory Monitoring Log. MCYD supervisory staff stated they are given significant resources and support to hire, train, and retain detention officers to monitor and prevent sexual abuse and assault to detainees in the facility.

While onsite, deficiencies were discussed with the Agency Head and the Superintendent related to the previous audit report, investigative process, third party reporting and annual aggregated data not being made available on the website for public review. The Agency Head notified the public relations person to have those documents uploaded. MCYD was found to be in compliance with standard 115.387, .388 & .389 as it relates to data collection, corrective action and data storage, publication and destruction. In an effort to reach this compliance, the facility had corrective action centered on completing annual aggregated data reports. At the time of the onsite audit, only data through 2018 was available. The Agency Head submitted the additional reports to finalize compliance with the provisions of this standard.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Zero Tolerance Policy PREA Coordinator and PREA Manager * Montgomery County Youth Facility PREA Written Institutional Plan * Protection from Sexual Abuse and Assault, Policy 12.7.1; with Staff Supervisory Organizational Chart and Employee Handbook * Staff Training Logs * 2020 Training Schedule * Volunteer/Intern Agreements; with Code of Ethics, PREA Acknowledgement Statements, Volunteer Acknowledgement Form, MCYD Philosophy Statement, Staff Confirmation of Receipt of PREA Form, and Staff Training Materials <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator * PREA Compliance Manager * Random Staff * Random Residents <p>Findings:</p> <p>(a.) MCYD has developed a written policy titled Zero Tolerance Policy PREA Coordinator(PC) & Compliance Manager (PM). The policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The facility has created a Written Institutional Plan that fully outlines how it will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes written definitions of prohibited behaviors regarding sexual abuse and sexual harassment, including “quid pro quo, hostile environment, sexual assault, and sexual abuse 1st and 2nd degree.” The policy includes sanctions for those participating in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees. These strategies include reporting to a staff member, using a grievance form, calling the national sexual abuse hotline or calling the rape crisis center and/or the DYS PREA hotline. Detainees are provided this information at intake, in the detainee handbook, and signage is displayed within the units, dayrooms and classrooms where youth participate in daily programming. Random staff interviews and random resident interviews confirmed that staff and detainees are educated on this policy and the reporting procedures at intake, upon new hire, annually, and through ongoing groups, training and supervision. A review of employee records and detainee records show signed receipts of PREA and acknowledgement forms. The 2021 annual training</p>

calendar was provided onsite (as well as the 2020 calendar in the PAQ) showing the schedule for ongoing PREA training for staff. A review of the detainee group curriculum demonstrated how detainees are receiving ongoing education about PREA and the Zero Tolerance Policy. Staff shared in interviews that they feel their PREA knowledge is continuously being reinforced, as it is their responsibility to conduct the small groups each day with the detainees, and it is important for them to know and understand the material in case they are asked questions. Staff interviews also indicated they have regular access to the PM, PC and Superintendent, and that the upper level staff are active in the day-to-day activities with staff and detainees.

(b.) & (c.) MCYD policy outlines that a PREA Coordinator (PC) and PREA Manager (PM) will be designated and will be responsible for “developing, implementing and overseeing the facility’s efforts to comply with the PREA standards at the Youth Facility.” The facility provided an organizational chart that indicates the PC and PM are in upper level supervisory roles and have the authority to develop, implement and oversee the compliance of PREA standards in MCYD. An interview with the PC and with the PM indicated they are given sufficient time and authority to fulfill the duties of their roles. Both the PC and the PM indicated they are provided extra training specific to PREA related topics (such as investigations, LGBTQ issues, mandatory reporting), and are given additional time as needed to be able to complete their duties associated with maintaining compliance with the PREA standards. Both the PC and the PM report to the Assistant Director who serves in the PREA role of Superintendent.

Conclusions:

MCYD was found to have exceeded the standard as it relates to providing zero tolerance education to staff and detainees. Aside from education and training provided at intake, new hire, and annually; staff and detainees indicated that small group discussions occur daily, with a regularly rotated curriculum that includes the topics of PREA reporting, grievance processes, PREA prevention, and PREA definitions. The staff and detainees reported that the Superintendent, PREA Manager and PREA Coordinator regularly participate in these small group discussions and openly communicate the detainees’ rights to be free from sexual harassment and sexual assault. The detention staff and detainees were well versed in PREA zero-tolerance language and could easily communicate to the auditor ways to prevent, detect and report sexual abuse and sexual assault.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>* Agreements between Montgomery County Commission and the following counties to house detainees in the Montgomery County Youth Detention Facility:</p> <ul style="list-style-type: none"> • Elmore County • Chilton County • Autauga County • Butler County • Monroe County <p>* Protection from Sexual Abuse and Assault, Policy 12.7.1</p> <p>* Contracting with Facilities for Confinement of Residents Policy</p> <p>Interviews:</p> <p>* Agency's Contract Administrator</p> <p>Findings:</p> <p>(a.) & (b.) MCYD has not entered into contracts with other agencies for the confinement of its residents. However, MCYD has entered into agreements with other agencies for the confinement of the other agencies' residents. The contracts include language that supports MCYD will maintain compliance with PREA certification standards as it relates to the prevention, detection and response protocols for sexual abuse and sexual assault. MCYD has confinement contracts with Elmore, Chilton, Autauga, Butler and Monroe Counties. The Agency Head serves as the Contract Administrator and shared in her interview that she completed MOU's with each county that includes the PREA Zero Tolerance Policy language.</p> <p>Conclusions:</p> <p>MCYD is in compliance with this standard as it does not contract with other facilities for the confinement of its residents. MCYD does maintain contracts with other agencies for the confinement of their residents, and they have supporting MOUs that indicate MCYD will maintain compliance with the PREA standards as it relates to the confinement of their detainees.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Supervisory Monitoring Log * Weekly Detainee Detention List * 2020/2021 Quarterly Employee Shift Schedule (by daily/shift view) * Daily Shift Schedule (by employee name/title) * Staff Shift Duties Acknowledgement Form * Staffing Patterns Memos 8.20.2020 * Protection from Sexual Abuse and Assault, Policy 12.7.1 * Resident Supervision Policy * Staff List <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent or Designee * Agency Head * PREA Compliance Manager * PREA Coordinator * Intermediate or Higher Level Facility Staff <p>Findings:</p> <p>(a.) MCYD requires the development, documentation and compliance with a staffing plan that provides for adequate levels of staffing and video monitoring to protect against resident abuse. The facility served an average of 25 detainees per day in 2020 for which the current staffing pattern was developed. The facility provided a monthly schedule for each shift which identified three detention officers per shift, as well as a supervisor and a central control officer. The staffing pattern allowed for a female only officer in the female A-wing, and male only officers in the male B- and C-wings. The staffing pattern provides detention officers in the classroom during educational activities and does not count the teachers in ratio. The staffing pattern also took into consideration the possible need for transport and court activities to minimize the risk of not having enough staff to cover the direct supervision 1:8 awake ratio requirement and 1:16 asleep ratio requirement. The Superintendent and Agency Head shared the process they use to weekly assess the staffing needs and had meeting notes and facility memos to support how the staffing pattern was communicated to the employees. The Agency</p>

Head further maintains an active “living, breathing” written schedule on a white board in her office that supervisors monitor daily to assess the needs for shifts and staff placement. While onsite, the auditor observed during shift change the various staff and supervisors walking through and looking at the board for staffing needs. The PREA Coordinator and PREA Manager both indicated that they are given the staff they need to provide adequate supervision of the detainees to help prevent sexual abuse issues. The supervisory staff interviewed further indicated that the staffing plan and video monitoring capabilities met the 11 criteria for monitoring: the prevalence of substantiated and unsubstantiated incidents of sexual abuse; generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility’s physical plant (including “blind-spots’ or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; and any other relevant factors.

(b.) The Superintendent and the Agency Head shared in the interview process that there were no deviations from the staffing plan during this audit cycle. They further indicated that the County has taken great strides to assist in the process of obtaining and maintaining quality staff to provide supervision to the detainees in MCYD. These steps included increasing the rate of pay, providing a week of new hire training before placing a staff member on the floor, and proactively completing interviews each quarter and hiring staff to assist with the attrition of loss of staff to prevent a crisis situation where staff are not available. A review of the monthly staff calendars and the current staff list indicated that along with the minimum required full-time staff to cover shifts, there was a significant list of part-time and PRN staff to contact when shifts needed to be filled in a timely manner. Supervisory interviews indicated that any deviations to the staffing plan are noted in the log book.

(c.) MCYD policy 12.7.1 Protection from Sexual Abuse and Assault indicates the facility will maintain a minimum of 1:8 during awake hours and 1:16 during resident sleeping hours of staff to client ratio. During the past 12 months there were no documented deviations of the facility not meeting that required staff to detainee ratio status. The Superintendent and Agency Head both verbally confirmed this in their interviews. A review of the client lists from each quarter and a review of the staff schedules confirm that ratio requirements were met. The detention officers assigned for direct supervision of detainees on the schedule do not include supervisory or administrative staff when calculating the 1:8 or 1:16 ratio.

(d.) The Agency Head, Superintendent and PREA Coordinator shared that the staffing pattern is monitored and posted on a monthly basis. Staff must submit request off forms in advance of the schedules being posted in order for time off to be approved and schedules to be covered in a timely manner. The staffing plan includes a staff member to monitor central control which houses the live video surveillance for the facility. The staffing plan is further monitored and assessed on a daily basis for gaps or special needs. In the above stated interviews it was noted that MCYD is constantly assessing staffing patterns and using the allocation of facility resources to ensure compliance with the staffing plan.

(e.) MCYD policy 12.7.1 Protection from Sexual Abuse and Assault indicates the facility will require that intermediate or higher-level staff will conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment and that staff are prohibited from alerting

other staff members that the unannounced rounds are occurring. A review of the log books on each wing showed that the PREA Coordinator, PREA Manager, and other shift supervisors are providing these unannounced rounds on each shift during random times. The Superintendent further documented unannounced rounds that she provided on the Supervisory Monitoring Log each month. Random staff interviews supported the fact that the above noted supervisors are “always” walking around and checking on how things are going on each shift. Random resident interviews supported that they see the PREA Manager, PREA Coordinator, and Superintendent daily in the regular programming of the facility. When random staff were asked if alerting occurred when the unannounced rounds transpired; they indicated that it was so common for the supervisors to be around that it was not necessary to alert other staff.

Conclusions:

MCYD met and exceeded standard 115.313. The staffing plan is monitored annually, but is further assessed on a monthly, weekly, and even daily basis. The supervisors take an active role in the daily programming and supervision of the facility. Unannounced rounds occur on each shift and are documented in the log books and on a Supervisory Monitoring Log. MCYD supervisory staff stated they are given significant resources and support to hire, train, and retain detention officers to monitor and prevent sexual abuse and assault to detainees in the facility.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Juvenile Care worker training curriculum that includes client searches * Signed code of ethics by staff * Signed acknowledgement form of training * Staff/volunteers/contractors/interns acknowledgement of PREA statement * Staff Confirmation of Receipt of PREA * Volunteer signed training form * Staff annual training logs of completed training * Annual/quarterly announcements of trainings * Memo of conducted unannounced rounds, room searches, detainee searches, strip searches * Statement of non-occurrence for cross gender searches * Control of contraband policies that include unannounced rounds and detainee search/cross gender search protocols * Policy 12.7.1 Juvenile Protections from Sexual Abuse and Sexual Assault * Policy on Limits to Cross-Gender Viewing and Searches <p>Interviews:</p> <ul style="list-style-type: none"> * Non-medical staff (involved in cross-gender strip or visual searches) * Random Sample of Staff * Random Resident Interview Questionnaire <p>Findings:</p> <p>(a.) MCYD Superintendent submitted a memo on standard 115.315 on August 25, 2020 that outlined the main procedures for compliance with limiting cross-gender viewing and searches. The memo indicated, “No cross-gender strip searches,” and “No cross-gender body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances to only be performed by medical staff.” In addition, the memo states, “All male detainees will be pat searched by male Juvenile Detention Officers at all times, and all female detainees will be pat searched by female Juvenile Detention Officers at all times (including juveniles being brought in by law enforcement). The facility indicated in the PAQ that no cross-gender strip or</p>

visual body cavity searches were conducted in 2020. A review of the documentation of searches confirmed this. The facility had documented in memo format each strip search that was conducted during this audit reporting period. All searches for females were conducted by two females, and all searches for males were conducted by two males. The purpose and findings of each search was documented fully in the memos. During the random staff interviews it was reported that all Juvenile Detention Officers are trained at new hire and annually on the proper procedures for cross-gender searches. The staff confirmed that they do not conduct searches of opposite gender detainees at any time. The random resident interviews confirmed that all detainee searches are conducted by same sex staff, and that another staff is present to witness. An interview with the medical staff indicated that body cavity searches are completed in medical only. There were no reported body cavity searches during this audit reported, as verified by the medical personnel and written searches documentation that was reviewed onsite. There was a documented statement of non-occurrence by the Agency Head that also reported no incidents of cross-gender strip searches occurred during this audit reporting period.

(b.) MCYD Superintendent submitted a memo on standard 115.315 on August 25, 2020 that outlined the main procedures for compliance with limiting cross-gender viewing and searches. The memo states, "All male detainees will be pat searched by male Juvenile Detention Officers at all times, and all female detainees will be pat searched by female Juvenile Detention Officers at all times (including juveniles being brought in by law enforcement). The facility indicated in the PAQ that no cross-gender pat down searches were conducted in 2020. A review of the documentation of searches confirmed this. The facility had documented in the log books any pat down searches that were conducted. All searches for females were conducted by two females, and all searches for males were conducted by two males. The purpose and findings of each search was documented fully in the logs. During the random staff interviews it was reported that all Juvenile Detention Officers are trained at new hire and annually on the proper procedures for cross-gender searches. The staff confirmed that they do not conduct searches of opposite gender detainees at any time. The random resident interviews confirmed that all detainee searches are conducted by same sex staff, and that another staff is present to witness.

(c.) MCYD policy "Security and Control: Control of Contraband" states, "Written policy, procedure, and practice provide that, except in emergency situations, visual inspections of juvenile body cavities are conducted by care workers of the same sex and in private and based on reasonable belief that the juvenile is carrying contraband or other prohibited material. Reasonable belief is not required when juveniles return from contact with the general public or from outside the institution. In all cases, this inspection is conducted by trained personnel." The procedures outlined in this policy go on to state, "A visual inspection of the detainee's body cavities will be done only when there is probable cause to believe items of contraband or other prohibited material may be found. Such an inspection shall be conducted in private by a staff member of the same gender as the detainee. Any such inspection after the detainee's initial screening will require a written incident report to the Detention Director." The policy also indicates, "Written policy, procedure, and practice provide that manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the facility administrator or designee. He inspection is conducted in private by health care personnel." MCYD policy "Prevention and Planning: Limits to Cross-Gender Viewing and Searches" states, "Written policy, procedure, and practice provide for searches of facilities and juveniles to control contrabands and provide for its disposition. These policies

and procedures are made available to staff and juveniles and are reviewed at least annually and updated if necessary.”

(d.) MCYD policy “Prevention and Planning: Limits to Cross-Gender Viewing and Searches” states, “All detainees shower, perform bodily functions, and change clothing without nonmedical staff of the opposite sex viewing their breasts, buttocks, and genitalia. All detainees shower one at a time.” It further states, “Staff member of opposite sex announces his/her presence when entering detainee housing units.” An observation of the control room cameras and random staff interviews showed that detainees have privacy from opposite gender viewing of their breasts, buttocks, or genitalia. An observation of the shower protocols showed that when shower times on each wing began, control room was notified with a phone call and the wing’s main door was closed (which all staff stated was their indication of shower times and meant no opposite gender staff on the wing). An observation of the shower times while onsite showed that detainees took a shower one at a time. All detainees remain locked in their individual cells during this time. Each detainee exits his/her cell full clothed and is provided toiletries, towels, and an extra set of clothes prior to entering the shower. Each detainee was fully clothed prior to exiting the shower area. A-wing (female unit) had a half, swinging door that provided privacy to the shower units. B- and C-wing (male units) did not have doors or shower curtains, however, there was a half wall that provided privacy from direct staff viewing of the shower area. Random staff interviews showed that all staff were aware of the policy and privacy requirements of opposite gender staff viewing of detainee breasts, buttocks, and genitalia. The staff could also share in detail the practices for providing showers and how detainee privacy was maintained. Detainee interviews also supported the same protocols, and detainees felt overall they were given privacy to shower and perform bodily functions. A couple of clients on the male wings indicated they would like half doors or shower curtains to support more privacy, however, they did state that staff were respectful of their rights to privacy. A couple of clients on the male wings reported that a grievance was given to staff that they felt like a staff member was watching clients too closely when they took showers. A review of the grievance documentation and an interview with the agency head showed this was an “older incident” that had not occurred during this reporting period, and that the clients reporting this were repeat clients that had knowledge of that staff member and grievance from the past. The incident was investigated, the staff member was placed on an opposite wing during the remainder of the stay of that client, the staff member was retrained on shower protocols, and no further incidents have occurred with that staff member. It was further noted that detainees perform bodily functions in their individual cells. Detainees and staff reported in the interviews that staff are alerted by either the detainee calling out when using the restroom or the detainee will cover the viewing window in the cell with paper to notify the staff when he or she is using the bathroom. Staff reported if they have concerns, they will knock on the cell door and the client will call out that everything is okay. It was observed by the auditor when entering units by opposite gender staff, the staff would announce their presence by stating name of staff and male/female on the unit. This auditor also observed signage in the staff offices of the individual wings’ doors the importance of announcing by opposite gender staff.

(e.) MCYD Superintendent submitted a memo on standard 115.315 on August 25, 2020 that outlined the main procedures for compliance with limiting cross-gender viewing and searches. The memo indicated, “The Montgomery County Youth Facility staff will not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it will be determined during a

conversation with the detainee, or by learning this information as part of a medical examination conducted in private by the medical staff. All housing assignments for transgender and intersex detainees will be made by the medical staff.” This is also outlined in MCYD policy 12.7.1 “Juvenile Rights: Protection from Sexual Abuse and Assault”. The facility reported in the PAQ that no searches were conducted in the past 12 months to determine detainee’s physical genitalia. An interview with random staff and staff who performed intake and screening further supported this was not the practice of this facility. Facility staff indicated, and interviews with detainees supported there were no intersex or transgender youth present at time of the onsite audit to interview.

(f.) The annual training records of current staff were reviewed, the HR records were reviewed and random staff were interviewed while onsite. Copies of the quarterly training calendars and a review of the training materials were also reviewed. This all supported that 100% of the detention officers and staff who provide supervision duties for detainees were trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Further staff interviews supported that detainees own views of identity and preference of placement were assessed during the intake process and when decisions were made for housing. The special management units on each wing may be utilized to allow for placement on the wing of choice, and detainees would participate in programming with the sex they identified as. Transgender and intersex youth were allowed the same access to private showers and bathroom privacy as indicated in section (d.) of this standard.

Conclusions:

It is concluded by this auditor that the facility has met the standards for compliance and practice with providing safety and security procedures for cross-gender strip, cavity and pat-down searches of all detainees. The detainees are given privacy for showering and completing bodily functions. The staff announce themselves when entering opposite sex units, and this facility prohibits opposite gender staff from conducting any searches. All searches are documented. The detainees' own preferences are included in housing and placement decisions.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Detainee Handbook * Alabama Foreign Language Court Interpreter Registry * Memo of the procedures for seeking a detainee interpreter * Signed Juvenile Confirmation of Receipt of PREA * MCYD policy "Juvenile Protections Against Sexual Abuse and Assault" 12.7.1 * MCYD policy "Accommodating Residents with Special Needs" * Zero Tolerance Pamphlet (English & Spanish) * PREA Training PowerPoint * PREA Posters (English & Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Random Resident <p>Findings:</p> <p>(a.) & (b.) MCYD has established procedures to ensure that residents with disabilities have an equal opportunity to participate in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes residents who are deaf or hard of hearing, residents who are blind or have low vision, residents who have intellectual disabilities, residents who have psychiatric disabilities, residents who have speech disabilities or any other resident to whom this standard applies. The facility has created Zero Tolerance Pamphlets in English and Spanish to support educating detainees in their language of preference. The facility uses the Juvenile Receipt of PREA form during the intake process to educate incoming detainees on their rights to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has the ability, through Montgomery County resources, to obtain interpreters 24/7 to assist in communicating with detainees in their preferred language. The auditor observed the intake process while on site. It was observed that the Intake Detention Officer read the PREA educational material to the detainee and asked if the detainee needed any clarifying information. Interviews with other Intake Staff supported that all detainees receive the PREA educational information during the intake process. The Agency Head, PM, and Intake Staff further shared that it was their best practice training to read all materials to the detainees and ask follow-up questions to support their understanding of the material. Interviews with Random Residents showed that every detainee received the same PREA educational material during intake. The reading of the materials, the provision of</p>

pamphlets in language of preference, and the use of interpreters supports that the facility takes proper steps to inform residents of their rights to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor also observed while on site various PREA posters in English and Spanish that promoted prevention, detection, and reporting. MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1 states that juveniles will receive educational PREA information in a format that they can understand. The policy further states, "In addition to providing such education, facility PREA Compliance Manager shall ensure that key information is continuously and readily available or visible to residents through posters, detainee handbooks, or other written formats." There were no detainees who were limited English proficient at the time of the audit. The auditor interviewed one detainee that had an IEP with the education department. The detainee shared that during his intake process the staff read all intake materials to him and explained anything that he had questions on. The detainee was knowledgeable about his rights under the PREA Zero Tolerance Policy.

(c.) MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1 states, "MCYD 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 responder duties, or the investigation of the resident's allegations." The facility reported in the PAQ zero instances where resident interpreters, readers, or other types of resident assistants were used. Random Staff interviews and Random Resident interviews supported that staff and appropriate interpreters are utilized to educate detainees on the PREA Zero Tolerance Rights.

Conclusions:

This facility was found to be in compliance with Standard 115.316 in that it takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff Employment Eligibility Documentation * Staff Consent for Consumer Report * Child Abuse Registry background checks for staff * MCYD policy "Criminal Record Check" * MCYD policy "Hiring and Promotion Decisions" * Volunteer applications and background checks <p>Interviews:</p> <ul style="list-style-type: none"> * Administrative (Human Resources) Staff * Agency Head <p>Findings:</p> <p>(a.) MCYD policy "Personnel: Criminal Record Check" states, "Every applicant for a new position with the Montgomery County Youth Facility signs a criminal background waiver. The Montgomery Police Department, or Montgomery County Sheriff's Department and DHR Child Abuse/Neglect Registry Clearance Request conducts a computer check on the applicant. If the computer check is positive, the Alabama Bureau of Investigation conducts a complete check and forwards a written report of the criminal record to the Juvenile Detention Director or Assistant Juvenile Detention Director. It is the policy of the Montgomery County Youth Facility that applicants are not hired in positions with contact with detainees who have felony or serious moral turpitude misdemeanor convictions." The Agency Head and the HR personnel were interviewed and questioned about the hiring and promoting practices. In their interviews, it was stated that anyone who may have contact with residents are prohibited from said contact if they have engaged in sexual abuse in another confinement facility or institution; have been convicted of engaging or attempting to engage in sexual activity by force, overt or implied threats of force, or coercion, or if the victim did not consent or wasn't able to consent or refuse; or has been civilly or administratively adjudicated in said activities. The auditor reviewed personnel files while on site and found that all staff signed consent for background checks. Background checks were completed through the Montgomery Police Department or Sheriff's Department and through DHR Child Abuse/Neglect Registry. Further, emails from Montgomery County to the Agency Head were provided that showed communication of results from staff background checks. The Agency Head and HR personnel both indicated that background checks were updated every five years and for promotions. The staff personnel files also contained copies of the results of the above stated background checks. The facility completes the same backgrounds for any contractor who may have contact with residents. The auditor found the same background information checks in the files for the contract</p>

educational staff.

(b.) MCYD Written Institutional Plan and MCYD Policy “Prevention Planning: Hiring and Promotion Decisions” state, “Incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with juveniles”, in addition to the policy indicated in 115.317 (a.) noted above. The Agency Head and the HR personnel were interviewed and questioned about the hiring and promoting practices and both confirmed that any previous incidents of sexual harassment are considered when hiring or promoting contractors who have contact with detainees.

(c.), (d.) & (e.) MCYD policy “Personnel: Criminal Record Check” states, “Every applicant for a new position with the Montgomery County Youth Facility signs a criminal background waiver. The Montgomery Police Department, or Montgomery County Sheriff’s Department and DHR Child Abuse/Neglect Registry Clearance Request conducts a computer check on the applicant. If the computer check is positive, the Alabama Bureau of Investigation conducts a complete check and forwards a written report of the criminal record to the Juvenile Detention Director or Assistant Juvenile Detention Director. It is the policy of the Montgomery County Youth Facility that applicants are not hired in positions with contact with detainees who have felony or serious moral turpitude misdemeanor convictions.” The PAQ indicated five employees were hired in the last twelve months who may have contact with residents. The auditor reviewed the new hire, as well as staff who had been with the agency a year or longer, and five years or longer. The proper background checks were found at the required intervals as stated in Standard 115.317. The HR staff confirmed in her interview this was the process on all new hires and provided the auditor with the personnel files for review. This is the same process for hiring contractors who may have contact with detainees. The PAQ, the interview with the HR personnel, and a review of the personnel list indicated there were no new contract providers added to the facility in the last twelve months. Copies of previous contract employees and volunteer files showed the proper consents for and completion of background checks.

(f.) In the Agency Head interview she reported that all applicants and hired staff are informed directly that it is their duty to report or disclose any sexual abuse misconduct at time of interview, upon being hired, and throughout their employment with the facility. The new hire application asks these questions specifically and staff have to note and sign for such disclosures.

(g.) MCYD Written Institutional Plan and MCYD Policy “Prevention Planning: Hiring and Promotion Decisions” state, “A criminal background record check will be completed before enlisting the services of any contractor who may have contact with juveniles. Material omissions regarding such contact, or the provision of materially false information, shall be grounds for termination.”

(h.) An interview with the HR personnel indicated that if potential employers contact MCYD with a request to verify information on substantiated allegations of sexual abuse or sexual harassment and have the proper signed consents, this information can be disclosed.

Conclusion:

This facility has met compliance with Standard 115.317 in that it does not hire or promote anyone, including contractors, who may have contact with residents and have engaged in or attempted to engage in sexual abuse in a prison, jail, lockup, community confinement facility,

juvenile facility, or other institution.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD policy "Upgrades to Facilities and Technologies" * Newspaper article on the 2015 upgrades including control panel and cameras * Communications with vendor about the Jail Technology System * Memo of additional technology and facility upgrades December 2020 * Facility layout and camera locations <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * PREA Coordinator * Random Staff (central control) <p>Findings:</p> <p>(a.) MCYD Policy "Prevention Planning: Upgrades to Facilities and Technologies" states, "When planning substantial expansion and modifications at MCYD, the facility shall consider the effect of the design, acquisition, expansion, or modifications upon its ability to protect the detainees from sexual abuse." The Agency Head and Superintendent in their interviews shared that the facility completed an expansion to its existing facility in 2015. The expansion included a "million dollar security control panel and 90 new cameras, along with new paint, floors, indoor and outdoor facades and ceilings." An article from The Montgomery Advertiser was uploaded to the PAQ showing the announcement to the community of the upgrades. A tour of the facility showed the control panel and camera placements supported the staff's ability to prevent, detect, and report sexual abuse and sexual harassment. Cameras are located in all areas where detainees participate in programming, as well as supportive areas like the cafeteria, maintenance, laundry and storage areas, dayrooms, classrooms, staff areas, and facility grounds. The auditor observed while on site that the control panel and video monitoring system is staffed on all three shifts.</p> <p>(b.) The Agency Head and Superintendent provided copies of emails communicating the needs of installing and updating the new technology. The PC provided the auditor with an onsite tour of all the grounds and pointed out cameras throughout the tour. He demonstrated how the monitoring system and central control oversight assisted detention officers in maintaining supervision of detainees that helped to prevent, detect, and respond to incidents of sexual abuse. During Random Staff interviews, the auditor spoke with central control staff who demonstrated how the new technology is used in daily observations and supervision of</p>

detainees within the facility. A copy of the facility layout and camera names and locations were provided to the auditor for review.

Conclusions:

The facility was found to be in compliance of Standard 115.318 in that the agency considers how the design, acquisition, expansion, or modification of the facility will protect residents from sexual abuse.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memo that Montgomery County Sheriff’s Department is responsible for all criminal investigations and completion of evidence protocols. * Qualified Staff Support Member Training Agenda * Qualified Staff Support Member Training Certificate * Law Enforcement Training on Trauma-Informed Sexual Assault Investigations Certificate * Human Trafficking Training Certificate for Northern, Middle and Southern Districts of Alabama-Montgomery * Alabama Victim Service Providers for Human Trafficking Victims Qualified Staff Support Member Training * Memos from Jackson Hospital to provide emergency services with costs being incurred by Montgomery County Youth Detention * Memorandum of Understanding for Child Protect Children’s Advocacy Center * Agreement Between One Place Family Justice Center “standing Together Against Rape” Program * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Evidence Protocol and Forensic Medical Examinations” * MCYD Written Institutional Plan <p>Interviews:</p> <ul style="list-style-type: none"> * Random Staff * Investigators (criminal and administrative) * SANE Staff * PREA Manager * Residents who Reported a Sexual Abuse <p>Findings:</p> <p>(a.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” indicates that the facility is responsible for conducting administrative sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. It further indicates that the Montgomery</p>

County Sheriff's Department will conduct all criminal sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. Interviews with the Random Staff showed the staff were trained in first responder duties and were knowledgeable about how to secure a scene, preserve evidence, take notes of the surroundings at time of incident, and maintain safety of the victim, perpetrator and staff. A review of the training records demonstrated that staff were designated at MCYD as administrative investigators and policy is in place for evidence protocols and forensic medical exams. MCYD has a Sexual Assault Response Team (SART) who receives special training in investigations. This team meets at least once a quarter, and meeting notes were reviewed that support the ongoing discussions within the agency to support responding to incidents of sexual abuse and sexual assault.

(b.) MCYD policy "Evidence Protocol and Forensic Medical Examinations" shows that MCYD has entered into MOUs with agencies, such as One Place, Montgomery County Sheriff's Department, and Jackson Hospital, in order to provide age appropriate and properly trained responses to evidence protocols. Interviews with the SANE staff, Sheriff's Investigator, Agency Head, and Superintendent supported that specially trained forensic investigators and forensic medical examiners were used in the response to sexual abuse and sexual assault with detainees. The interviews further supported that all members that represent each response agency collaborate with MCYD to communicate and collect evidence needed to follow the approved response protocols and are age appropriate for adolescents.

(c.) MCYD has entered into an agreement with One Place Family Justice Center. An interview with the coordinator of the STAR program at One Place indicated that a call to the STAR crisis hotline would give MCYD 24/7 access to sexual assault forensic exams for detainees. These exams are offered at no cost to the detainees, and MCYD and One Place have an agreement that any incurred costs will be picked up by MCYD. The STAR coordinator further stated that SANE nurses are available 24/7 at their facility and MCYD and One Place will coordinate appointments to bring detainees to their facility to complete the forensic exam; or if the detainee was taken to the hospital because of injuries, the SANE nurse would meet them at the hospital to complete the forensic exam. The STAR coordinator confirmed that MCYD has an active MOU with them for the provision of SANE forensic exams. MCYD reported no incidents of sexual abuse or assault that resulted in SANE exams during this audit cycle. The STAR coordinator and MCYD Agency Head also confirmed no incidents have occurred at the facility since the inception of the PREA standards.

(d.) & (e.) An additional part of the service agreement between MCYD and One Place includes the provision of a rape crisis victim advocate that will be available to the detainee throughout the examination process, including aftercare support, crisis intervention, referrals, and assistance with any criminal proceedings. The Superintendent, PC and PM all shared in the interviews that they are trained to contact the STAR crisis hotline and Montgomery County Sheriff's Department when an incident of sexual abuse or sexual assault occurs, so that collaboration can begin to obtain the proper forensic services and support for the detainee.

(f.) The administrative investigators, as well as the Sheriff's investigator, all provided the same feedback that supported the collaboration between MCYD, One Place Family Justice Center, Montgomery County Sheriff's Department and Jackson Hospital to provide the forensic and supportive services as outlined in 115.321 (a.)-(e.). The auditor also reviewed the MOUs and service agreements entered into with the above listed agencies, and verified through phone contacts and interviews with each agency that the agreements were active.

(h.) This provision is not applicable because MCYD utilizes a victim advocate from a rape crisis center.

Conclusion:

MCYD has met the standard of compliance for 115.321 as evidenced by establishing the appropriate service agreements with One Place Family Justice Center, Montgomery County Sheriff's Department, and Jackson Hospital to provide rape crisis advocates, forensic exams, and supportive aftercare services in the event of sexual abuse or sexual assault of a detainee.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * PREA Staff Acknowledgement * Staff Receipt of PREA * Memos of PREA Incidents * Written Report of Suspected Child Abuse/Neglect * Memo of Completion of Written Report of Suspected Child Abuse for Record * 12.7.1 Policy on Protection from Sexual Abuse and Assault * Policies to Ensure Referrals for Allegations for Investigations * Screenshots of MCYD Website <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Investigators <p>Findings:</p> <p>(a.) MCYD policy “Protection from Sexual Abuse and Sexual Assault” 12.7.1 states that an administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. The facility ensures this process by training its employees on the proper reporting procedures through classroom training and approved PREA Zero Tolerance policy reviews, as well as through new hire education and acknowledgement forms (PREA Staff Acknowledgement and Staff Receipt of PREA). MCYD has entered into an MOU with Montgomery County Sheriff’s Department to complete all criminal investigations related to detainee sexual abuse and sexual assault. The Agency Head and Superintendent reported in the PAQ and in the interview process that there have been no incidents of sexual abuse or sexual harassment during this reporting period. Memos of administrative investigations were reviewed that supported the facility’s ongoing efforts to respond to detainee/staff reports and grievances of harassment, misconduct and abuse.</p> <p>(b.) & (c.) MCYD policy “Protection from Sexual Abuse and Sexual Assault” 12.7.1 states that all allegations of sexual abuse or sexual harassment will be reported to the immediate supervisor, who will then notify the Agency Director. The incident will be reviewed and the appropriate investigations will occur by MCYD for administrative investigations and Montgomery County Sheriff’s Department for criminal investigations. During the onsite portion of the audit it was discovered that the facility did not have the investigative process posted on the website for review. The facility completed corrective action during the post audit phase where the Agency Head had the investigation process uploaded to the website. This was</p>

confirmed by the auditor prior to the completion of the audit report. The website information included the names of investigators and contact information. MCYD documents all referrals through in the detainee records, in its investigative files, as well as the staff log books in each wing. While no incidents were referred for investigation during this reporting period, other memos of investigations were reviewed that support this is the process in place for MCYD.

Conclusion:

MCYD has met standard 115.322 as it relates to the referral of all allegations of sexual abuse and sexual harassment for administrative and criminal investigations as needed. This process for referral is documented on the website for public review.

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> * 12.7.1 Policy on Protection from Sexual Abuse and Assault * Montgomery County Youth Detention PREA Written Institutional Plan * Policy on Protection from Harm * Policy on Employee Training * Staff/Volunteer/Contractor/Intern PREA Acknowledgement Statements (signed) * Juvenile Confirmation of Receipt of PREA (signed) * Staff Confirmation of Receipt of PREA (signed) * Montgomery County Youth Facility Juvenile Detention Officers Training Curriculum Lesson Plan: Supervision of Alleged Sex Offenders * Montgomery County Youth Facility Juvenile Detention Officers Training Curriculum Lesson Plan: PREA * Montgomery County Youth Facility Juvenile Detention Officers Training Curriculum Lesson Plan: Child Abuse, Neglect and Sexual Victimization * Individual Staff Training Hours Logs * 2021, 2020, 2019, 2018 Annual Training Schedules * Red Flags Warning Sheets for Staff and Definitions Slides from Staff Training <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * PREA Coordinator * PREA Manager * Random Staff <p>Findings:</p> <p>(a.) (b.) & (c.) MCYD Written Institutional Plan and MCYD policy “Training and Education: Employee Training” both outline the training the staff will receive related to the PREA Zero Tolerance policy and procedures for preventing, detecting, responding, and reporting sexual abuse behaviors. According to the Written Institutional Plan this training will include “a.</p>	

Understanding the PREA of 2003 and how it pertains to juvenile facilities; b. CYD policies 3-JDF-3D-06-1 to 3-JDF-3D-06-10; c. MCYD has a zero-tolerance for sexual abuse and sexual harassment; d. How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response to policies and procedures; e. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; f. Recognizing red flags; g. The right of juveniles to be free from sexual abuse and sexual harassment; h. The right of juveniles and employees to be free from retaliation for the reporting of sexual abuse and sexual harassment; i. The dynamics of sexual abuse and sexual harassment; j. The dynamics of sexual abuse and sexual harassment in confinement; k. How to detect and respond to signs of threatened and actual sexual abuse; l. How to avoid inappropriate relationships with juveniles; m. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming juveniles; n. Understanding first responder duties; and, o. Understanding shared information guidelines. Such training shall be tailored to the unique needs and attributes of juveniles of juvenile facilities and to the gender identification of the juveniles at the MCYD.” The 12.7.1 Policy on Protection from Sexual Abuse and Assault, Montgomery County Youth Detention PREA Written Institutional Plan, Policy on Protection from Harm, and Policy on Employee Training all include basic definitions that support the PREA language for preventing, detecting, responding, and reporting of sexual abuse in the facility. Interview with the Random Staff showed that staff are fully trained on PREA before being placed in the facility. The PM is tasked with providing training to staff, and he indicated that all staff receive 40 hours of intensive new hire training prior to working in the facility with detainees. A review of the employee files showed that his new hire training was completed with staff, as well as annual PREA training. Copies of quarterly training schedules and training topics demonstrated that implementation of PREA training was well established and a regular part of the culture of the facility. During the staff interviews, the staff could clearly communicate the key points as outlined above in a. through o. of the Written Institutional Plan training curriculum. Samples of lesson plans were provided that showed the key components of PREA were trained to staff as part of the training requirements. The staff training, as reviewed, included adolescent development issues that are specific to the population being served at MCYD. The Random Staff interviewed were knowledgeable of ways to communicate to the detainees such as using the gender specific language that was preferred by the detainee, and the importance of avoiding inappropriate relationships with the detainees. All staff knew that detainees could not consent to sexual relationships with staff, no matter how old they were. The staff reported that they receive training upon new hire and annually thereafter. They also reported that they receive regular refreshers from the Superintendent related to PREA. The staff indicated that the Superintendent will come around informally and in staff meetings and give updates related to PREA. The staff indicated that they are also communicating PREA to the detainees in small groups each week, which reinforces their knowledge of the detainees’ rights to be free from sexual abuse while in the facility. During the Agency Head, Superintendent and PC interviews, the auditor shared resources for interim PREA education for staff through the use of the PREA Standards in Focus and other resources that can be found on the PRC website.

(d.) MCYD uses training sign in sheets, PREA Acknowledgment form and Staff Receipt of PREA forms to document staff receipt and understanding of the PREA training. These forms were uploaded to the PAQ and were reviewed while onsite in the staff personnel records. Interviews with the Random Staff shared that they understand the training received and are able to ask questions of leadership when they need further clarification.

Conclusion:

MCYD was found to have met compliance with standard 115.331 as it relates to employee training provision, documentation, and understanding of the PREA standards and Zero Tolerance policies. Staff were able to communicate the basic tenants of PREA and Zero Tolerance. Staff indicated that they received the required new hire and annual training, but that PREA is a part of the regular conversations they have with each other and with the detainees. Staff shared examples of how the Superintendent will come into the units and process incidents and share resources that will help them comply with PREA in the facility. Staff also communicated that their weekly leading clients in small groups that discussed PREA kept the information fresh in their minds and caused them to be responsible for knowing the ins and outs of PREA so they could communicate it accurately to the detainees.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff/Volunteer/Contractor/Intern PREA Acknowledgement Statements (signed) * Montgomery County Youth Facility Code of Ethics for Staff (signed) * Volunteer Training Manual Acknowledgement Form (signed) * Montgomery County Youth Facility Volunteer/Intern Confidentiality Agreement (signed) * Staff Confirmation of Receipt of PREA (signed) * Excerpts from Employee Handbook * Booklet of Volunteer Information * Montgomery County Youth Facility Volunteer Orientation Presentation * 12.7.1 Policy on Protection from Sexual Abuse and Assault * Montgomery County Youth Detention PREA Written Institutional Plan * Policy on Volunteer and Contractor Training <p>Interviews:</p> <ul style="list-style-type: none"> * Volunteers or Contractors who have Contact with Residents * Superintendent <p>Findings:</p> <p>(a.) (b.) & (c.) MCYD provides training to volunteers and contractors that have contact with detainees. This training is documented on the Staff/Volunteer/Contractor/Intern PREA Acknowledgement Statements, as well as Volunteer Training Manual Acknowledgement Form, Montgomery County Youth Facility Volunteer/Intern Confidentiality Agreement, Staff Confirmation of Receipt of PREA forms. The auditor reviewed the Montgomery County Youth Facility Volunteer Orientation Presentation and the Policy on Volunteer and Contractor Training. The auditor interviewed a teacher who is a contract employee. She confirmed that she received training upon starting her work with detainees in MCYD, and receives annual refresher training on PREA. The Superintendent shared in her interview that volunteers are used for spiritual services, but due to scheduling and COVID precautions, the auditor could not meet with a volunteer. However, PREA training was confirmed by reviewing the training acknowledgement forms signed by the volunteers in their personnel files. It was documented that there were 5 volunteers and contractors in the PAQ and confirmed while on site. MCYD Written Institutional Plan states, "All volunteers and contractors shall receive training on the following: a. Understand PREA 2003 and how it pertains to juvenile facilities; b. MCYD</p>

ACA/DYS policies 3-JDF-3D-06-1 to 3-JDF-3D-06-10; c. MCYD has a zero-tolerance for sexual abuse and sexual harassment; d. How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response to policies and procedures; e. The right of juveniles to be free from sexual abuse and sexual harassment; f. How to avoid inappropriate relationships with juveniles; g. Recognizing red flags; h. Understanding first responder duties; and, i. Understanding shared information guidelines.” Per the MCYD policy 12.7.1 “Juvenile Rights: Protection from Sexual Abuse and Assault” states, “All employees, volunteers and independent contractors are expected to have a clear understanding that the facility strictly prohibits any type of sexual relationship with an individual under department supervision.”

Conclusion:

MCYD was found to be in compliance with standard 115.332 as it relates to volunteer and contractor training.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Sexual Violence: Prevention and Recovery: A Guide from the Alabama Department of Public Health Injury Prevention Branch * PREA information posters (English and Spanish) * Zero Tolerance and other signage * PREA orientation educational Power Point for detainees' small groups * PREA detainee pamphlets * Juvenile Confirmation of Receipt of PREA * Detainee Handbook/Sexual Assault Guide * MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1 * MCYD policy "Training and Education: Resident Education" * Intake screening documentation * MCYD PREA Written Institutional Plan <p>Interviews:</p> <ul style="list-style-type: none"> * Random Residents * Random Staff <p>Findings:</p> <p>(a.) & (b.) MCYD policy "Training and Education: Resident Education" states, "Written policy, procedure and practice ensure that information is provided to juveniles about sexual abuse/assault including: * Prevention/intervention, *Self-protection, * Reporting sexual abuse/assault, and *Treatment and counseling. This information is communicated orally and in writing, in a language clearly understood by the juvenile, upon arrival at the facility." Other policies that reference and outline resident PREA education include: MCYD PREA Written Institutional Plan and MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1. While observing the intake process, it was demonstrated that detainees receive PREA educational information from the intake officers prior to entering the facility's general population. The Juvenile Confirmation of Receipt of PREA form is fully read to the detainee, and the detainee is asked about comprehension and offered clarification as needed. The detainee then signs the acknowledgement form. A review of the PAQ and random detainee files shows that this process is completed on all detainees. The Intake Staff reported in the interview that they are trained to read all materials to detainees and seek</p>

acknowledgement of understanding. The PAQ indicated that 163 juveniles in the last 12 months received copies of the Zero Tolerance information. The detainees at intake were also given a copy of the Detainee Handbook which provides a summary of the Zero Tolerance policy and reporting mechanisms. During the Random Resident interviews, only one resident indicated he did not have a copy of the handbook, and the Superintendent made sure he received a copy within a few minutes of being informed. The PAQ indicated that 164 juveniles in the last 12 months received copies of the Zero Tolerance information within 10 days of intake.

(c.) MCYD policy "Training and Education: Resident Education" states, "MCYD shall ensure that key information is continuously and readily available or visible to detainees through posters, detainee handbooks, or other written forms." MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1 and the MCYD Written Institutional Plan further explain that residents who are transferred from one facility to another will also be educated regarding their rights to be free from sexual abuse and sexual harassment. A review of the detainee records showed that all detainees are educated during the intake process of the Zero Tolerance policy, including detainees readmitted multiple times, detainees who leave the facility for court or other activities and return, and detainees being received from another facility. Random Resident interviews further confirmed that clients receive this information at intake, even if they had previously received it. Interviews with the Intake Staff supported that they present the PREA educational information every time a detainee is processed through intake.

(d.) MCYD policy "Juvenile Rights: Protection from Sexual Abuse and Assault" 12.7.1 states, "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. There were no limited English proficient, deaf, or blind residents at the time of the onsite audit. However, the auditor was able to interview a detainee with an educational IEP. The detainee confirmed that he was read the PREA intake paperwork and asked questions for understanding before he signed the acknowledgement form. The Intake Staff were able to communicate the process for obtaining County interpreters when needed to assist with LEP and other disabled detainees' intake process. A review of documents showed that copies of the forms were available in English and Spanish, including signage within the facility where residents participate in daily programming.

(e.) Juvenile Confirmation of Receipt of PREA is the primary form used to document the detainees participate in PREA education. Other documents that reference PREA receipt include the detainee receipt of the handbook, and intake education forms. These forms were observed while onsite in the detainee files and through uploads in the PAQ.

(f.) MCYD policy "Training and Education: Resident Education" states, "MCYD shall ensure that key information is continuously and readily available or visible to detainees through posters, detainee handbooks, or other written forms." Random Staff and Random Resident interviews shared that PREA education is a constant communication that detainees receive. Small groups are offered to the detainees on a daily basis, and PREA education is a group that is offered on a regular basis. Detainees reported in the random interviews that the staff are constantly talking to them about PREA and their rights to be free from sexual abuse and sexual harassment. Detainees were also able to show the auditor where PREA posters were located, where the sexual abuse hotline numbers were posted, where the grievance boxes

and forms were located, and communicate ways they could report to staff, family and legal staff. Detainees were able to keep a copy of the detainee handbook which has a section on the Zero Tolerance policy, and contains the contact information for PREA reporting.

Conclusion:

MCYD has met compliance for standard 115.333 in regards to resident education. Detainees were able to communicate their rights as it pertains to being free from sexual abuse and sexual harassment under the PREA Zero Tolerance policy. Detainees communicated that everyone receives PREA at intake, but also continuously receive information throughout their stay at the facility. Staff educate detainees through required intake forms and documentation, detainees receive pamphlets and handbooks with the information, posters and signage are present in the detainee programming areas, and detainees receive daily small groups lead by staff that regularly includes PREA educational information.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff Training “MCYD PREA Refresher: Juvenile Detention Investigations” * PC and Superintendent training CEUs * Memo of Investigator Training for Agency Head, Superintendent, PM, PC, and JDO/Sexual Assault Response Team Member * Memo for PREA Standard 115.334 that states the Montgomery County Sheriff’s Department investigates all criminal sexual abuse cases * MCYD PREA Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Training and Education: Employee Training” * MCYD training of PREA standards for staff * The Moss Group PREA Training Guidance for Staff * Employee training records <p>Interviews:</p> <ul style="list-style-type: none"> * Investigative Staff (to include Superintendent, PC, PM and Sheriff’s Investigator) <p>Findings:</p> <p>(a.) MCYD PREA Written Institutional Plan states, “In addition to the general training provided to all employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include: a. Techniques for interviewing juvenile sexual abuse victims; b. Sexual abuse evidence collection in confinement settings; and c. Criteria and evidence required to substantiate a case for administrative action or prosecution referral.” MCYD policy “Training and Education: Employee Training” also includes “proper use of Miranda and Garrity Warnings” as part of the investigator training requirements. Interviews with the Investigative Staff (MCYD administrative staff and Montgomery County Sheriff’s criminal staff) confirmed that investigators received additional training to support their role in the administrative and criminal investigation functions they are responsible for. A review of the PAQ and staff training records showed that MCYD staff responsible for investigative functions received the additional training. Training material used in some of the trainings included JDI and The Moss Group curriculums.</p> <p>(b.) & (c.) In addition to the regular training the staff receive in 115.331, the SART team for MCYD received training that included Law Enforcement Training on Trauma-Informed Sexual Assault Investigations, MCYD PREA Refresher: Juvenile Detention Investigations, and The</p>

Moss Group PREA Training Guidance for Staff. MCYD Investigation staff confirmed in their interviews the additional training opportunities they have received to support their role as investigators, and copies of the training certificates were found in the PAQ and in the employee training files. At this time MCYD have 3 specially trained investigators on staff, the Superintendent, PC and PM. In the Sheriff's Investigator interview, he confirmed that he and his team receive training related to completing sexual abuse victim interviews, Miranda and Garrity Warnings, evidence collection in confinement settings, and criteria for evidence to support a substantiated case for prosecution. He further indicated that the Department works with the DA's office to coordinate forensic interviews specific to the juvenile population through the use of specially trained interviewers.

Conclusion:

MCYD has met the standard of compliance with 115.334 as it relates to specialized training of investigators.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * QCHC and MCYD agreement for the provision of healthcare service for detainees * Nursing license for RN and LPN * Medical License for MD * CPR/First Aid certificates for medical staff * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD PREA Written Institutional Plan * MCYD Policy “Training and Education: Specialized Training: Medical and Mental Health Care * MOU between MCYD and One Place Family Justice Center * Job descriptions for medical and mental health staff * PREA acknowledgment statements signed by staff * Staff confirmation of receipt of PREA * Memo stating MOU with HSI for detainee medical needs * Medical staffing plan * Medical staff training Power Point * Detainee medical files * Employee training records <p>Interviews:</p> <ul style="list-style-type: none"> * Medical Staff * Mental Health Staff * Agency Head * Superintendent <p>Findings:</p> <p>(a.) (c.) & (d.)MCYD PREA Written Institutional Plan states, “In addition to the general training provided to all employees, all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: a. How to preserve physical evidence</p>

of sexual abuse; b. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; c. How to detect and assess signs of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” This is also stated in MCYD Policy “Training and Education: Specialized Training: Medical and Mental Health Care. At the time of the audit it was reported that 3 medical and mental health providers work regularly at the facility. And all have received training according to the agency policy. An interview with a nurse and a court therapist confirmed the training they have received. The Agency Head and Superintendent confirmed that in cases where forensic services are needed for interviews, rape crisis services, and SANE exams, MOUs are established with approved and certified agencies. A review of the staff training records and training curriculums showed training received by the medical and mental health staff. This training is documented and signed through acknowledgement forms in the staff records.

(b.) MCYD does not employ medical staff who will conduct forensic exams.

Conclusion:

MCYD has met the standard of 115.335 as it pertains to specialized training for medical and mental health staff.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Intake questionnaire for detainees * Detainee medical screening * Sick call medical case note * Diagnostic testing protocols * Detainee consent for medical treatment * Physical assessment * Intake history * Detainee screening instrument * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Screening for Risk of Sexual Victimization and Abusiveness: Obtaining Information from Residents” * Juvenile confirmation of receipt of PREA * Memo for special housing accommodations * Visitors daily sign in sheet * Memos of investigations * Detainee medical discharge paperwork * DHR CAN Report * Therapist note * Detainee files and medical records <p>Interviews:</p> <ul style="list-style-type: none"> * Screening Staff (to include Random Staff, Medical and Mental Health Staff, and Superintendent, PC, and PM) * Random Residents <p>Findings:</p> <p>(a.) (b.) (c.) (d.) & (e.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and</p>

Assault” 12.7.1 states, “All juveniles shall be screened within 24 hours of arrival at the facility utilizing MCYF Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments shall be made accordingly following directions of the DHA or Court Therapist. A JDO shall conduct this interview at intake. At a minimum, MCYD shall attempt to ascertain information about: a. Prior sexual victimization or abusiveness; b. 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; c. Current charges and offense history; d. Age; e. Level of emotional and cognitive development; f. Physical size and stature; g. Mental illness or mental disabilities; h. Intellectual or developmental disabilities; i. Physical disabilities; j. The juvenile's own perception of vulnerability; and k. Any other specific information about individual juveniles that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other juveniles. l. The information on MCYD Form 115.341 Intake Screening shall be ascertained through conversations with the juvenile 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 juvenile's file. The number of residents entering the facility within the past 12 months who received the intake screening within 72 hours was 160. This was 114% of the admitted detainees. This statistic corroborates the finding of exceeds expectation for resident education at intake, in that detainees are rescreened every time they return to the facility, such as for admission, court, off campus appointments, or transfer in from another facility. A review of the detainee records showed that all detainees, even readmits had a new screening in the file upon completion of the intake process. The auditor observed the screening process during the intake procedure. Random Resident interviews and Staff Responsible for Risk Screening interviews supported this was the practice of the facility. Additional screening information was provided by the court therapist that is used to help classify detainees, the MAYSI-2 Questionnaire; and the nurse shared her screening instrument that was part of the medical Intake History. The Superintendent, PC, and PM stated that all screening information is reviewed and used when making housing placement decisions. The Staff Responsible for Screening shared that whenever red flags are identified in the intake process, this is immediately communicated to the Superintendent, PC or PM, and the housing placement is adjusted accordingly. The screening information is housed in locked filing cabinets in the intake office, medical department, therapist's office, and saved in the electronic juvenile records system.

Conclusion:

MCYD was found to be in compliance with standard 115.341 as it relates to obtaining information from residents that will be used in housing placement decisions.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memo for special housing accommodations * Memos of investigations * Detainee medical discharge paperwork * DHR CAN report * JDO logbooks * Therapist documentation * Detainee screening instrument * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Screening for Risk of Sexual Victimization and Abusiveness: Placement of Residents in Housing, Bed, Programs, Education, and Work Assignments. * Detainee files and medical records <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * PREA Coordinator * PREA Manager * Staff Responsible for Screening * Staff Responsible for Monitoring Detainees in Isolation * Detainees that identify as lesbian, gay, bisexual, transgender, or intersex status <p>Findings:</p> <p>(a.) MCYD Written Institutional Plan states the process for screening juveniles within 72 hours of arrival to the facility, the use of the Intake Screening form, reassessment of a juvenile for risks-not exceed 30 days, and additional reassessments completed as warranted. The PC and PM both confirmed that the screening tools are used to help inform the facility of housing, bed, work, education, and program assignments with the goal of keeping detainees safe from sexual abuse. The objective questions in the screening form, when answered in the affirmative, are communicated to the Superintendent, PC and PM, and as stated by the Memo</p>

for special housing accommodations, the GHO and the court therapist make appropriate recommendations for housing.

(b.) MCYD has three policies that address special management housing: MCYD PREA Written Institutional Plan, MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1, and MCYD policy “Screening for Risk of Sexual Victimization and Abusiveness: Placement of Residents in Housing, Bed, Programs, Education, and Work Assignments. A review of the PAQ indicated there were no incidents of detainees being placed in special management housing as a result of risk of sexual victimization during the last 12 months. A detainee in special management housing for medical reasons was interviewed and observed while onsite, and was shown to have access to regular programming activities when appropriate, or the programming activities were brought to the detainee. Detainees housed in special management units are monitored for periodic status checks. This process was fully summarized in standard 115.368 (a.)

(c.) & (d.) MCYD PREA Written Institutional Plan states, “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 facilities consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.” The PC and PM both indicated that detainees who disclose lesbian, gay, bisexual, transgender, or intersex status are assessed on a case-by-case basis. All cells in MCYD are single cell units, with A-wing being for females, and B and C-wings being for males. Each wing also has a special management cell that can be used when appropriate for placement. In addition to the PC and PM, Random Staff interviews indicated that other options have been used in the past to address housing needs, including placing a special population detainee in the first room next to the staff office to allow for highly visible supervision, and when then the detention is low in census, using the divider wall in each wing as a natural separation for a detainee that may need special housing placement. This may especially be relevant when the need arises to house a detainee that is not biologically male or female, but identifies as the opposite gender. A detainee that identified as transgendered/intersex/gay/lesbian/bisexual was interviewed and shared that she was not placed in a particular room as a result of her disclosure, and was able to participate in regular programming activities, as there were no other risk factors that went into her placement decision.

(e.) & (f.) MCYD PREA Written Institutional Plan, MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1, and MCYD policy “Screening for Risk of Sexual Victimization and Abusiveness: Placement of Residents in Housing, Bed, Programs, Education, and Work Assignments” all indicate that a placement and programming assignment for transgender or intersex detainees shall be reassessed at least twice per year to review any threats to safety experienced by the detainee; and that a transgender or intersex detainee’s own views with respect to his or safety shall be given serious consideration. This practice was confirmed through the interviews with the Superintendent, PC, PM and Staff Responsible for Screening and is trained for all staff responsible for screening and intake. There have been no documented cases of transgender or intersex housing placements noted during this audit cycle to review, and no identified transgender or intersex youth in the facility to interview.

(g.) It is the policy of MCYD to complete showers with detainees on a one-to-one ratio. All detainees are allowed to shower separately from other residents. This practice is fully outlined

in 115.315 (d.).

(h.) & (i.) There were no documented cases of residents at risk of sexual victimization who were held in isolation in the past 12 months. This was confirmed through random reviews of isolation log books, random reviews of detainee files, interviews with staff who monitor isolation, and through the Superintendent, PC and PM interviews. MCYD Written Institutional Plan states the process for screening juveniles within 72 hours of arrival to the facility, the use of the Intake Screening form, reassessment of a juvenile for risks-not exceed 30 days, and additional reassessments completed as warranted.

Conclusion:

MCYD was found to be in compliance with standard 115.342 as it relates to placement of residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of investigations * Detainee medical discharge paperwork * DHR CAN report * Therapist notes * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Reporting: Resident Reporting” * Staff Zero Tolerance Training Power Point * Pamphlet “Services Offered by the Rape Crisis Centers” * PREA reporting signage * Detainee PREA pamphlets * Juvenile confirmation of receipt of PREA * Detainee Handbook * Grievance form <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * PREA Coordinator * PREA Manager * Random Staff * Random Residents <p>Findings:</p> <p>(a.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 identifies several ways that a detainee may report allegations of sexual abuse and sexual assault. These include, but are not limited to reporting to “any staff member in addition to immediate point-of-contact line staff”; “to a public or private entity, such as Child Protect Children’s Advocacy Program” who will notify the MCYD PREA Coordinator; “juveniles may use the MCYD Detainee Grievance Form, available on each wing...or they may make a verbal report to the MCYD Advocacy Representative”; juveniles may report to the STAR and rape</p>

crisis hotline or the Alabama PREA hotline; or third-party reporting can be done on their behalf by “family, JPO, members of education staff, other juveniles, attorneys, etc.” In addition to ways noted above, MCYD Policy “Reporting: Resident Reporting” also identifies the MCYD SART team, medical and mental health staff as potential people to report to. Interviews with Random Staff support that a detainee can make a report to anyone and the staff member will immediately notify the Superintendent, PC or PM. Staff further stated that any resident is allowed to make a report and it is the right of a detainee to request a grievance form at any time. Random Resident interviews showed that detainees are educated on their right to report, have access to hotline numbers through signage in the facility and in their handbooks, and have access to their family and attorneys through mail and phone calls. Locked grievance boxes were observed during the onsite portion of the audit in each classroom, phones were located in each wing’s staff office, and signage and handbooks were readily accessible to detainees. Random Staff and Resident interviews showed that detainees were allowed multiple phone calls per week to family and legal staff through the level system; and it was also reported that if a detainee asked a staff in private for a call because of threat or concern, arrangements would be made for that call to occur. A review of investigation memos demonstrates some of the ways reports are obtained by staff and detainees, as well as the ways MCYD processes those reports. There were no detainees at the facility who reported a sexual abuse to interview, however during the Random Resident interviews, detainees were able to share ways they have reported other grievances and the process and timeline for those grievances to be investigated.

(b.) In addition to the items noted in part (a.) of this standard, detainees are notified of their rights to report and reporting mechanisms during the intake process. Juvenile Receipt of PREA documents each way to report, including the number to an outside agency, and the detainees sign that they received this education. A detainee intake was observed where the provision of this information occurred. The detainee was also shown the PREA posters in the intake room and notified that the same posters could be found throughout the facility if needed. The Agency Head reported that detainees were not housed in this facility solely for civil immigration purposes. The auditor tested the hotline number and found that a report could be made by identifying oneself or through an anonymous report. The reports received are communicated to the Superintendent or Agency Head immediately upon receipt of the allegation.

(c.) As stated in part (a.) of this standard, it is policy that residents may report in any form to a staff member of MCYD. This includes anonymous reports, verbal reports, written reports, and third party reports. All reports are immediately communicated to the Superintendent, PC or PM. Random Staff interviews supported those claims. Staff shared that they often receive written allegations that do not have anyone’s name on them, but are slid up under the office doors for staff to find. The staff further reported that these reports are handled the in the same way all other reports are investigated. Staff are required to document any report they receive verbally in the log book and to notify the immediate supervisor. Random Staff interviews showed that detainees are allowed to obtain a grievance form at any time they request, and can hold the form and turn it in to the staff of choice, or place it in the grievance box or under a staff’s office door. Samples of grievance forms were shared with the auditor through the PAQ and when onsite by request.

(d.) Detainees, as reported by Random Staff, PM, PC and Superintendent in the staff interview, are provided the tools necessary to make a report upon request. These tools may

include letter writing materials to send a letter to their attorney or family member, a grievance form, pens/pencils, or other tools deemed appropriate upon request. A detainee may make a report of sexual abuse or sexual harassment as outlined in the policies covered in part (a.) of this standard.

(e.) As well as detainee reports, the MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1, MCYD Policy “Reporting: Resident Reporting”, and MCYD PREA Written Institutional Plan allow for staff to privately report sexual abuse and sexual harassment of residents. Policy states that reports can be made to their immediate supervisor which will immediately be referred to the Detention Director. Staff may also complete a DHR CAN report and notify the Department of Human Resources. And, staff may complete an incident report or disciplinary report and seal it in an envelope to give to the Detention Director or a member of the MCYD SART team. Random Staff interviews supported that staff are trained on the ways they can report an allegation sexual abuse or sexual harassment during the new hire training process and at least annually thereafter. This training is documented in the staff receipt of PREA acknowledgement forms. Random Staff also shared that it would be easy to seek out a supervisor and ask to speak with him or her privately so that a report could be made in private.

Conclusions:

MCYD has met compliance with standard 115.351 as it relates to resident and staff reporting procedures and practices.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of investigations * Detainee medical discharge paperwork * DHR CAN report * Therapist notes * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Reporting: Resident Reporting” * Staff Zero Tolerance Training Power Point * Pamphlet “Services Offered by the Rape Crisis Centers” * PREA reporting signage * Detainee PREA pamphlets * Juvenile confirmation of receipt of PREA * Detainee Handbook * Grievance form <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * PREA Coordinator * PREA Manager <p>Findings:</p> <p>(a.) – (g.) MCYD has established processes for administratively addressing the resident grievances regarding sexual abuse. The MCYD PREA Written Institutional Plan states, “The facility shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse. * The facility may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. * The facility 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. * Nothing in this section shall restrict the facility’s ability to defend against a lawsuit filed by a juvenile on the ground that the applicable statute of limitations has expired. * A juvenile who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such</p>

grievance is not referred to a staff member who is the subject of the complaint. * A final facility 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 shall not include time consumed by juveniles in preparing any administrative appeal. * The facility 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 facility shall notify the juvenile in writing of any such extension and provide a date by which a decision will be made. * At any level of the administrative process, including the final level, if the juvenile does not receive a response within the time allotted for reply, including any properly noticed extension, the juvenile may consider the absence of a response to be a denial at that level. * Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of juveniles. * If a third party, other than a parent or legal guardian, files such a request on behalf of a juvenile, 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. * If the juvenile declines to have the request processed on his or her behalf, the facility shall document the juvenile's decision. * 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. * After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the facility 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 facility decision within 5 calendar days. * The initial response and final facility decision shall document the facility's determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. * The facility may discipline a juvenile for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the juvenile filed the grievance in bad faith." In the last 12 months, the facility noted in the PAQ that there were no incidents of grievances being filed that alleged sexual abuse. During the Random Resident interviews there were no identified detainees that reported a Sexual Assault. A review of memos of investigations showed several CAN reports that were submitted as part of the intake process from sexual abuse situations that occurred prior to the detainee coming to the facility. Each report included a summary of the steps the facility took to provide medical and mental health services to support the detainees' needs. In the memos of investigation several unfounded reports of sexual harassment and sexual misconduct were noted from 2019 and 2020. Some were reported by staff, and some by detainees. All appeared to reach a final conclusion within 3-5 days of the allegation report. A review of the investigative memos demonstrates how the facility provided exhaustive remedies for other types of grievances submitted by detainees including the final decisions. Interviews with the Superintendent, PC and PM showed no reported incidents of bad faith reports that resulted in disciplinary actions, nor reports of imminent sexual abuse.

Conclusion:

MCYD was found to be in compliance with standard 115.352 as it relates to the exhaustion of administrative remedies to address detainee grievances regarding sexual abuse.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of investigations * Detainee medical discharge paperwork * DHR CAN report * Therapist notes * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Reporting: Resident Reporting” * Staff Zero Tolerance Training Power Point * Pamphlet “Services Offered by the Rape Crisis Centers” * PREA reporting signage * Detainee PREA pamphlets * Juvenile confirmation of receipt of PREA * Detainee Handbook * Grievance form <p>Interviews:</p> <ul style="list-style-type: none"> * Rape Crisis Center Coordinator * Superintendent * PREA Manager * Random Residents * Random Staff <p>Findings:</p> <p>(a.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 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. The facility</p>

shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible.” A review of the detainee handbook and pamphlet on rape crisis center services offered shows that information is provided to detainees sharing how they may contact victim advocate services, including phone numbers and agency information. Detainees are provided this information at the intake process, the information is posted on signage throughout the facility in areas where the detainees are participating in regular programming, and the information is communicated in small group discussions throughout the detainees stay in treatment. During the Random Resident Interviews, detainees shared that they were familiar with the posters and information that was provided in the handbooks. One detainee shared that he did not have a history of sexual abuse, but was seeing a therapist for another issue, and the facility allowed him to meet with the therapist in the private visitation area for regular sessions. Random Staff interviews supported that the detainees had access to external supports as needed, and appointments could be arranged for the detainees while in detention.

(b.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 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.” As part of the intake process, detainees receive education on client confidentiality and the mandatory reporting requirements of the detention staff. In cases where a detainee discloses sexual abuse that is a mandatory reportable to an external agency, the facility will coordinate access to additional services as required by law upon receipt of that disclosure. Detainees are informed that the supportive services are confidential, including counseling sessions, phone calls, and letters. During the Random Resident interviews, detainees did understand that if they reported sexual abuse to a detention staff or hotline, it was by law a mandatory report that must be submitted to law enforcement and/or DHR. One detainee reported that she had disclosed a history of sexual abuse during the intake process, and a DHR CAN report was submitted on her behalf.

(c.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 states, “Facilities shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles 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.” MCYD has entered in a service agreement with One Place Family Justice Center for rape crisis and victim advocate services. A 24/7 rape crisis hotline number is part of that service, and the center will coordinate all reports of sexual abuse back to the Agency Head for detainee services. An interview with the Center’s Coordinator confirmed that an MOU existed between MCYD and their center. As part of the holistic services One Place offers victims of sexual abuse, emotional support services are coordinated as needed. The Coordinator of the center shared these services can include crisis intervention and aftercare counseling, to name a few. A review of the PAQ showed a copy of the MOU between MCYD and One Place Family Justice Center.

(d.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 states, “Facilities shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.” The Superintendent, PM and Random Staff interviews all supported the accessibility detainees have to attorneys and legal guardians. Due to COVID restrictions, visitation had been

discontinued at the time of the audit. However, detainees were receiving more frequent phone calls to their legal guardians, at least twice a week, and sometimes more when positive behavior warranted extra calls. Detainees are also given a set day to contact attorneys and juvenile probation officers by phone, but Random Resident and Random Staff interviews shared that detainees could access legal representation at any time by making a request to the detention staff. The Superintendent stated that phone calls in the facility were not monitored or, recorded, except that staff dialed the number for the detainee and verified who was on the other line prior to handing the phone to the detainee. All mail to attorneys is considered and treated as privileged mail, as confirmed in the Random Resident and Staff interviews. All mail to/from legal guardians is opened and checked for contraband only, and privacy of content remains intact, also confirmed in the Random Resident and Staff interviews. The Random Resident interviews showed that juveniles are able to meet with their attorneys or juvenile probation officers in the private visitation room upon request.

Conclusion:

MCYD was found to be in compliance with standard 115.353 as it relates to resident access to outside confidential support services and legal representation.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of investigations * Detainee medical discharge paperwork * DHR CAN report * Therapist notes * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Reporting: Resident Reporting” * Staff Zero Tolerance Training Power Point * Pamphlet “Services Offered by the Rape Crisis Centers” * PREA reporting signage * Detainee PREA pamphlets * Juvenile confirmation of receipt of PREA * Detainee Handbook * Grievance Form * Screenshots of MCYD website <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent <p>Findings:</p> <p>(a.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 states, “Third party reporting can also be done on behalf of the juvenile by a family member, juvenile probation officer, members of the education staff, other juveniles, attorneys, etc.” The facility provides several methods for third party reporting by staff and other detainees as outlined in the standard summary for 115.351 of this report. A review of the website during the PAQ and onsite portion of the audit showed that there were no posted reporting instructions. While onsite the Agency Head and Superintendent review this standard with the auditor, and the Agency Head contacted the system administrator to have the website updated. This auditor was able to confirm the placement of a third party reporting form on the website, along with the names and contact numbers of key MCYD administrative personnel.</p>

Conclusion:

MCYD was found to be in compliance with standard 115.354 as it relates to third party reporting, upon completion of corrective action where the third party reporting form and instructions for reporting PREA incidents were posted on the MCYD website.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD Policy “Health Care: Responsible Health Authority” * Staff Confirmation of Receipt of PREA * Staff/Contracted Counties/Volunteers/Contractors/Interns PREA Acknowledgment Statement * MCYD policy “Juvenile Rights: Protection from Harm” * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Official Response Following a Resident Report: Staff and Agency Reporting Duties” * PREA Incident Memo * DHR CAN report * Detainee medical discharge paperwork * JDI email and response <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * Investigator * PREA Compliance Manager * Medical and Mental Health Staff * Random Staff <p>Findings:</p> <p>(a.) & (b.) MCYD policy “Juvenile Rights: Protection from Harm” states, “Written policy, procedure, and practice provide for the reporting of all instances of child abuse and/or neglect consistent with appropriate state law or local laws.” This policy further instructs staff to notify Department of Human Resources, the other contractual facility, and the juvenile detention supervisor, compliance manager, and director of any such reports. MCYD Written Institutional Plan further indicates, “All staff is required 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. All staff is required to report immediately retaliation against a juvenile or staff who reported</p>

such an incident. A staff is required to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” This is communicated to all staff upon being hired into the facility through the use of the “Staff Confirmation of Receipt of PREA and the Staff/Contracted Counties/Volunteers/Contractors/Interns PREA Acknowledgment Statement forms. The random staff interviews confirmed that the staff understand it is their duty to report. All staff are trained to complete intake, and report this is the place where most of the disclosures occur. Typically, the disclosure is one of sexual abuse from a previous time frame that has already been reported, however, the staff stated it is still their responsibility to complete a DHR CAN report and follow-up anyway. A review of detainee files showed that DHR CAN reports are completed when a juvenile reports a previous history of sexual abuse. A copy of an incident memo further demonstrated a DHR CAN report was submitted when a detainee entered the facility pregnant and under the age of consent. The file also contained medical discharge paperwork where she was taken to the hospital and fully evaluated for any medical needs. The detainee was further referred to the court therapist for a psychological evaluation. The facility also has form that can be utilized when reporting to another confinement facility. A review of staff training records shows that all staff are trained on the mandatory reporting laws in Alabama, and sign the previously mentioned PREA acknowledgement forms indicating they understand their duty to report.

(c.) MCYD Written Institutional Plan states, “Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.” Interviews with the random staff showed that staff are trained on client confidentiality issues as it relates to mandatory reporting duties, and protecting client confidential information.

(d.) MCYD medical and mental health staff receive the same duty report training and sign the same PREA acknowledgement forms as referenced in provision (a.) and (b.) of this standard. A review of staff personnel records showed the medical and mental health staff received the same training. Interviews with the medical and mental health staff at MCYD showed that they understand they are considered mandatory reporters in the State of Alabama and understand their roles and responsibilities as it relates to compliance with the PREA standards. Samples of DHR CAN reports completed by medical and mental health staff were shown to the auditor to support this was an active process at the facility.

(e.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 states, “Notifications of allegations to the juvenile’s parents/guardian, attorney, or other legal representative shall be given pursuant to the instructions of the MCYD investigators...The 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.” The policy outlines that these contacts are completed by the Agency Head or her designee. Interviews with the Agency Head, Superintendent and PC support that notifications are completed and documented in the detainee file. A review of the detainee files shows that contact logs are maintained, and investigative memos outline the process, findings and communications of the investigations.

(f.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 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 MCYD PREA Coordinator.” The Agency Head and Superintendent shared in the interview process that they report any

incidents of sexual abuse from anonymous and third party reports. The Superintendent shared that she often has anonymous notes containing detainee grievances slid under her door that she investigates. The detainees also have access to locked grievances boxes in the classrooms where they can drop confidential grievance forms that are only accessed by the Superintendent. Third-party reporting forms and detention staff contact numbers are available on the detention website for public review.

Conclusion:

Upon completion of the PAQ review and onsite portion of the audit, the Agency Head and Superintendent were informed that the website did not include the proper third party reporting forms and facility contact information associated with PREA reporting standards. However, before completion of the audit report, the facility did have the website updated to include this information. MCYD has shown compliance with standard 115.361 related to staff and agency reporting duties.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of Investigations * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Official Response Following a Resident Report: Staff and Agency Reporting Duties” <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * Random Staff <p>Findings:</p> <p>(a.) MCYD policy “Official Response Following a Resident Report: Staff and Agency Reporting Duties” states, “When MCYD learns that a resident is subject to a substantial risk of imminent sexual abuse. It shall take immediate action to protect the resident.” Interviews were completed with the Agency Head, Superintendent and Random Staff. The staff clearly stated their understanding of their duty to report and respond to imminent threat to a detainee of sexual abuse or sexual assault. The staff shared that ‘no contact status’ was a protocol often used to keep detainees and staff separated during times of grievance or investigation. The staff also discussed the use of ‘special management’ cells to maintain safety of detainees who might be at risk of harm. The auditor was able to observe both of these processes being utilized while onsite. The Agency Head and Superintendent indicated in the PAQ and during their onsite interviews that there have been no incidents of detainees being placed in protective custody due to a risk of being sexually abused or assaulted. All staff clearly stated that if such a risk were identified, their response to the safety and protection of a detainee would be immediate.</p> <p>Conclusion:</p> <p>MCYD was found to be in compliance with standard 115.362 as it relates to agency protection duties.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Statement of Non-occurrence * MCYD policy “Official Response Following a Resident Report: Staff and Agency Reporting Duties” * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent <p>Findings:</p> <p>(a.) (b.) (c.) & (d.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 and MCYD policy “Official Response Following a Resident Report: Staff and Agency Reporting Duties” state that MCYD will use form 115.363 Reporting to Other Confinement Facilities to notify appropriate investigative agencies of an incident of sexual abuse that may have occurred at another facility. The policies further state these notifications will occur no later than 72 hours after the receipt of the allegation. This communication occurs between facility administrators and the outcome of the investigation is provided to the facility that initiated the allegation from the juvenile. An interview with the Agency Head and the Superintendent, as well as the reported information in the PAQ, disclosed no incidents of reporting alleged abuse from another confinement facility during this reporting period. A review of documentation showed a memo of non-occurrence completed by the Agency Head. The Agency Head and Superintendent further stated that any reports they receive from another agency will be fully investigated as any other report, and documented in the memo format used throughout the investigative process. This information would be shared with the reporting agency as appropriate.</p> <p>Conclusion:</p> <p>MCYD was found to be in compliance with standard 115.363 as it relates to reporting to other confinement facilities.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD First Responder Guidelines for Sexual Assault * First Responder Check List * Staff PREA Acknowledgment Form * Staff Confirmation of Receipt of PREA * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Official Response Following a Resident Report: Staff First Responder Duties” <p>Interviews:</p> <ul style="list-style-type: none"> * Security Staff First Responders and Non-Security Staff First Responders * Random Staff * Residents who Reported a Sexual Abuse <p>Findings:</p> <p>(a.) & (b.) MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 states, “Upon learning of an allegations that a juvenile was sexually abused, the first staff member to respond 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 to destroy physical evidence, and then notify supervisor;” and e. Staff will then follow investigative policies and procedures. This same procedure is identified in MCYD Policy “Official Response Following a Resident Report: Staff First Responder Duties”. Staff are trained on these procedures and sign PREA acknowledgement forms at time of hire that reinforce these procedures. A review of the staff training records and personnel files show that all staff received this training prior to working on the floor. An interview with the Random Staff, who are also the Security Staff Who Respond to an Incident, showed that the detention officers are well versed in the first responder duties. All staff could identify the basic steps they would need to take to secure evidence, separate detainees who are victims, abusers and/or witnesses, and report the incident for investigation. A review of the PAQ, memos of investigations, and interviews with the Agency Head and Superintendent all indicated there were no incidents of sexual abuse that occurred in the facility during this audit reporting period. Other interviews with Random Staff such as kitchen staff, teachers, and central control, showed that all staff</p>

understand how to respond to an incident of sexual abuse, and how to notify the security staff immediately if they are the first to respond to an incident of sexual abuse.

Conclusion:

MCYD was found to be in compliance with standard 115.364 as it relates to staff first responder duties.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <ul style="list-style-type: none"> * SART Team Meeting Notes * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Official Response Following a Resident Report: Coordinated Response” <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * PREA Coordinator * PREA Manager * Random Staff <p>Findings:</p> <p>(a.) MCYD has developed a Written Institutional Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership. The facility has developed a Sexual Abuse Response Team that has receives more intensive training related to responding and investigating in incidents of sexual abuse and sexual harassment. This auditor reviewed SART quarterly meeting notes that demonstrated the facility’s efforts to ensure a timely and thorough response occurs in incidents of sexual abuse and sexual harassment. Interviews with the Agency Head, Superintendent, PC and PM all confirmed that a response plan is in place, and the staff are regularly trained in their duties as first responders. Interviews with Random Staff demonstrated that the staff or knowledgeable of the Written Institutional Plan, and know the steps they are to take if they are the first to respond to an incident of sexual abuse in the facility.</p> <p>Conclusion:</p> <p>MCYD has met the standard for 115.365 for developing and implementing a Written Institutional Plan that outlines and coordinates the facility’s efforts to respond to incidents of sexual abuse and sexual harassment.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memo of Non-Occurrence * The MCYD Personnel Board Rules and Regulations * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Official Response Following a Resident Report: Coordinated Response” <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head <p>Findings:</p> <p>(a.) MCYD has not entered into any collective bargaining agreements that limit its ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. MCYD is responsible for hiring, training, supervising, disciplining, and terminating their own employees. MCYD has a Personnel Board Rules and Regulations manual that outlines how staff will be managed during an allegation and investigation of sexual abuse of a detainee. Further policies “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 and “Official Response Following a Resident Report: Coordinated Response” outline procedures for administrative reviews, administrative leaves, and ‘no contact orders’ that may be placed upon employees of the facility during an allegation investigation of sexual abuse and sexual harassment to a MCYD detainee. The Agency Head interview further supported that MCYD is not limited in any capacity to remove a staff member from contact with a detainee pending the outcome of an investigation of sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>MCYS has met the standard for 115.366 by not entering into any collective bargaining agreements that limit its ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD policy “Official Response Following a Resident Report: Agency Protection Against Retaliation” * Memos of Investigation * Staff log books <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * PREA Coordinator * PREA Manager * Higher Level Staff Who Monitor Retaliation * Residents in Isolation * Residents who Reported a Sexual Abuse <p>Findings:</p> <p>(a.) MCYD Written Institutional Plan states, “All juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are to be protected from retaliation by other juveniles or staff.” MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 and MCYD policy “Official Response Following a Resident Report: Agency Protection Against Retaliation” also outline steps the facility will take to monitor retaliation. Interviews with the Agency Head, Superintendent, PREA Coordinator and PREA Manager all indicated the each of them share in the monitoring duties for retaliation within the facility. PC and PM are directly on site during the shifts and will take primary responsibility for the retaliation monitoring duties. Detention Officer Supervisors are also tasked with monitoring retaliation and this was confirmed in the Higher Level Staff Interview process.</p> <p>(b.) MCYD Written Institutional Plan, MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 and MCYD policy “Official Response Following a Resident Report: Agency Protection Against Retaliation” all outline steps that are taken to employ the protective measures used to monitor safety for retaliation. Interviews with the PC, PM and Higher Level</p>

Staff shared common phrases such as 'special management' cells and 'no contact orders'. The special management cells are single units housed away from the general population and allow for more secure and separate monitoring of detainees. The special management units, as observed onsite, are easily monitored by the detention staff, but allow for separation from other detainees that may wish to retaliate against a detainee. The special management units, as observed onsite, are highly visible by central control and other detention staff, and can also be easily monitored for retaliation by other staff against a detainee. The no contact orders are special instructions given to detainees and staff that clearly state no communication should be occurring between the two parties. The PC and PM shared that emotional support services can be provided through the use of the court therapist, spiritual volunteers, medical staff, or other detention staff that the detainee may feel comfortable reaching out to.

(c.) MCYD policy "Official Response Following a Resident Report: Agency Protection Against Retaliation" states, "For at least 90 days following a report of sexual abuse, MCYD shall monitor the conduct or treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by the detainee or staff, and shall act promptly to remedy any such retaliation. Items to be monitored by the facility will include any detainee incident and disciplinary reports, housing changes, negative performance reviews or reassignment of staff. MCYD shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." An interview with the Superintendent and a review of the PAQ indicated there were no incidents of retaliation that occurred during this reporting period. Interviews with Random Staff and those tasked with monitoring retaliation showed that staff understand the importance of reporting sexual abuse, and that all staff and detainees have the right to report in good faith. The staff interviewed seemed to understand that a report didn't always mean a consequence was going to occur, just that reporting allowed for everyone to feel safe from harm. The Random Staff and those tasked with monitoring retaliation understood how the facility used the special management cells and the no contact orders to maintain safety. The Agency Head and Superintendent confirmed that monitoring will last at least 90-days, but can be extended for the full length of the detainees stay at the facility as needed. A review of log books showed how staff documented detainee checks.

(d.) Detainees housed in special management units are monitored for periodic status checks. This process was fully summarized in standard 115.368 (a.)

(e.) An interview with the Agency Head and the Superintendent confirmed that if anyone who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Examples that were provided included swapping staff shift assignments, swapping staff supervision assignments to different wings, placing detainees in special management housing, and the use of no contact orders. If retaliation is extreme, the use of administrative leave or other discipline as outlined in the employee handbook may be used.

Conclusion:

MCYD has met the standard for compliance with 115.367 as it relates to agency protection against retaliation.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of Investigation * MCYD Written Institutional Plan * MCYD policy “Juvenile Rights: Protection from Sexual Abuse and Assault” 12.7.1 * MCYD Policy “Official Response Following a Resident Report: Post-Allegation Protective Custody” * Detainee medical files * Staff log books <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * Staff who Supervise Residents in Isolation * Medical and Mental Health Staff * Residents in Isolation <p>Findings:</p> <p>(a.) MCYD Policy “Official Response Following a Resident Report: Post-Allegation Protective Custody” states that the “Juvenile Detention Director or designee in consultation with the Designated Health Authority and Court Therapist II will make a final decision regarding housing and placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions.” The policy further outlines that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. The facility reported in the PAQ that no incidents of detainee isolation occurred during this reporting period as a result of detainee sexual abuse. However, ‘special management’ cells were in use for other detainees at the time of the onsite audit for medical reasons and age appropriate housing reasons. The auditor interviewed one detainee in special housing for the medical issue. The detainee was observed participating in daily activities, such as education. The detainee had an injury that prevented large muscle movement, but he was able to walk with the group to activities as appropriate. When movement with the group is not possible, or is deemed unsafe, staff will bring programming activities to the detainee, or allow time separate from the group to complete said activities in an independent/solo setting. Interviews with the Superintendent, Staff Responsible for Supervising Detainees in Isolation and Medical Staff all supported that decisions for special housing were made with safety, security, and well-being of detainees at the forefront of the</p>

decision making process. The medical staff confirmed that checks were completed on detainees in isolation every 15 minutes and documented in medical nursing notes, and the staff log books. A review of these records and log books supported that 15 minute checks were completed and documented. MCYD Policy "Official Response Following a Resident Report: Post-Allegation Protective Custody" further states that residents in isolation for an alleged sexual abuse incident will be reviewed at least every 30 days to determine whether there is a continuing need for separation from the general population.

Conclusion:

MCYD has met the standard 115.368 as it relates to the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of 115.342.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> *Investigative memos dated 3.18.2019, 2.25.20, 3.1.20 *Process for investigating sexual assault allegation *Alabama Coalition Against Rape training announcement and email; “Law Enforcement Training on Trauma-Informed Sexual Assault Investigations” *5th Annual Alabama Human Trafficking Summit training announcement/email; CEU training certificate for PREA Coordinator, Superintendent *MCYD policy “Juvenile Rights: Protection from Harm” *MCYD policy 12.7.1 “Juvenile Rights: Protection from Sexual Abuse and Assault” *MCYD PREA Written Institutional Plan *MCYD policy “Investigations: Criminal and Administrative Agency Investigations” *Auditor Contract *Volunteer/Intern Application *Employee Background Checks *Staff Roster *Facility Layout Diagram *Camera listing with location *Camera names <p>Interviews:</p> <ul style="list-style-type: none"> *Investigative Staff *Sheriff’s Department Criminal Investigator *Residents who Reported a Sexual Abuse *Superintendent *PREA Coordinator *PREA Manager *Random Staff

Findings:

(a.) MCYD has the following policies to address investigations: MCYD policy “Juvenile Rights: Protection from Harm”, MCYD policy 12.7.1 “Juvenile Rights: Protection from Sexual Abuse and Assault”, MCYD PREA Written Institutional Plan, and MCYD policy “Investigations: Criminal and Administrative Agency Investigations”. Each of these policies outlines the practice for conducting criminal and administrative investigations. The policies outline that “Written policy, procedure, and practice require that an investigation is conducted and documented whenever a sexual assault is alleged, threatened, or occurs.” While onsite the auditor reviewed copies of the investigative reports and grievances submitted by detainees and staff, as well as the investigative summary findings. The auditor interviewed the administrative investigative staff at the facility, which includes the agency head, the superintendent, and PREA coordinator. The auditor also conducted a phone interview with the PREA Manager and a member of the sheriff’s department criminal investigations unit. All interviews supported that MCYD has a policy and practice for accepting reports of and conducting investigations for all accusations of sexual harassment, sexual abuse, and sexual assault. A review of the policies, a review of the investigative findings and interviews with the investigators showed that all allegations, including third party and anonymous reports, are investigated promptly, thoroughly, and objectively. Random staff interviews indicated that all reports of sexual harassment, sexual abuse and sexual assault are taken and immediately submitted to supervisors/investigators for further investigation into the incident.

(b.) MCYD has shown that it is their intent to investigate allegations of sexual abuse and sexual harassment immediately upon receipt of such allegations. The Superintendent uploaded copies of all investigative findings reported during this audit cycle. While onsite the auditor was allowed to review the investigative files, grievance reports, detainee files, interview staff, and interview detainees to obtain information to support these findings. Detainees reported that they are informed of the grievance process, as well as the zero tolerance PREA reporting policies upon admission into the facility. It was further noted in the detainee and staff interviews that detainees are educated throughout the detention episode of care of these rights, and how they can submit reports. The Sheriff’s investigator, PC, PM, and Superintendent all confirmed that they will accept reports, including anonymous and third party reports of sexual abuse and sexual harassment. The Superintendent provided examples of times when notes were slid under her office door with no names, and the steps she took to investigate the allegations reported. The Sheriff’s investigator confirmed that all criminal reports are investigated thoroughly, no matter how a report was received. The Superintendent and PREA Coordinator both shared copies of training certificates, and examples of training information they received that will assist them in conducting administrative investigations into allegations of sexual abuse and sexual harassment. The Sheriff’s investigator shared that his training and the training of all members of the investigative unit includes techniques for interviewing juveniles, proper use of Miranda and Garrity warnings, collection of evidence related to sexual abuse in a confinement setting, and how evidence is required to substantiate administrative or prosecution referral. The Sheriff’s investigator further indicated that the sheriff’s office and MCYD partner with One Place and Child Protect to complete adolescent specific forensic interviews in cases of sexual assault. An interview with the One Place STAR Coordinator further supported that they have SANE nurses on staff 24 hours a day, 7 days a week, and that a victim advocate is part of the interview and forensic exam process for all victims. MOU’s were verified between MCYD, Montgomery Sheriff’s Department, and One Place.

(c.) MCYD teaches its staff how to obtain and preserve direct and circumstantial evidence, including physical and DNA evidence when investigating incidents of sexual abuse and sexual harassment. MCYD uses video monitoring and has the ability to review recordings at least 90-days post incident, and can record any video evidence indefinitely for investigative review. Random staff interviews showed that staff understood what it meant to be a first responder on scene, and shared key response protocols such as not allowing the victim or perpetrator to shower, brush teeth, eat or drink; to bag all clothing and evidence in brown bags and label appropriately; to separate the victim and perpetrator; and to note important details in a journal in order to be able to share pertinent details with an investigator. Internal administrative investigations are immediately reported to the PM, PC or Superintendent. Interviews with the PM, PC and Superintendent supported that they have received training and understand how to gather and preserve evidence, interview alleged victims, perpetrators and witnesses, and know the importance of reviewing previous reports of sexual abuse involving a suspected perpetrator. A review of the investigative memos for this audit cycle supports that staff are complaint investigations upon receipt of reports of sexual harassment and sexual abuse. Further, an interview with the Sheriff's investigator also supports that criminal investigations are conducted in the same format. The Sheriff's investigator indicated in his interview that once a report is received, interviews are conducted and each case is judged on its own merit. He reports that victims and perpetrators are Mirandized prior to completion of any interviews, and that when age appropriate, legal guardians are a part of all interview processes with juveniles. He further stated that all interviews are videotaped, audio recorded and stored onsite. It should be noted that no reports of sexual abuse or assault have been reported for MCYD during this audit cycle. This was confirmed by the department of human resources, One Place, and the sheriff's investigator.

(d.) MCYD Agency Head and Superintendent reported in the interview process that investigations are not terminated solely because the source of the allegation recants. This was also confirmed as the protocol for criminal investigations by the Sheriff's investigator. Investigative staff indicated that precautions are taken upon receiving a report of sexual abuse, harassment or assault to move detainees to protective custody or placement on a no contact order. The purpose is to maintain safety for the detainee, but also to limit influencing factors that might pressure a victim or witness to change his or her story. Regardless, each investigator stated in the interview process that all reports are investigated until all evidence has been obtained and reviewed. The sheriff's investigator further indicated that should a report indicate a staff member may be involved, SBI from the state trooper's office is called in to investigate to minimize impropriety during investigations. The Superintendent and Agency Head interviews indicated that depending on staff involvement and the reported allegation, the staff may be placed on administrative leave, or at minimum, placed in a different wing with a no contact order with the juvenile.

(e.) An interview with the Sheriff's investigator indicated that the investigative team works closely with the district attorney's office throughout the investigative process. The two teams review transcripts, coordinate forensic interviews, and participate in regular meetings to review the merits of each case. The district attorney is consulted before completing compelled interviews.

(f.) Interviews with the administrative team (Agency Head, Superintendent and PREA Coordinator) as well as the criminal team (Sheriff's investigator) supported that each alleged

victim, suspect and witness is assessed for credibility on an individual, case by case basis. They further stated that detainees are not required to complete a polygraph in order for a case to be investigated. An interview with a detainee who reported sexual abuse during intake indicated that staff responded immediately to her report and DHR was notified. She was not asked to complete a polygraph.

(g.) Interviews with the administrative team (Agency Head, Superintendent and PREA Coordinator) indicated that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. A review of the investigative memos on file for this audit cycle showed that the investigators interviewed detainees and staff to determine outcomes of reported sexual misconduct. Staff were either placed on administrative leave, or placed in a different wing than the alleged victim on a no contact order. When staff were found to a part of the report of sexual misconduct, staff received reprimands and further training to promote the sexual safety of detainees in the confinement setting. During the audit cycle of this report, there were no substantiated reports of sexual misconduct by staff, as evidenced by the investigation memos and the interviews with the administrative investigative staff. A review of the investigative memos showed that the reports included detainee interview feedback, staff interview feedback, a review of the camera footage feedback, witness feedback, written reports, and review of policy, in order to make a determination of substantiation for the allegation. The written reports also contained the outcome of the investigation and the next steps for remediation or intervention, if applicable.

(h.) MCYD had no allegations of criminal sexual misconduct or abuse as indicated by the investigative reports, and confirmed through the interviews with the administrative and criminal investigators. This was confirmed through JDI, department of human resources, and the local rape crisis center. An interview with the Sheriff's investigator confirmed that once the sheriff's department receives a report of sexual abuse they will immediately begin the process for investigating the allegation. The sheriff's department will open an investigative file where they will maintain all investigative findings and evidence. This evidence may include physical evidence from the victim, perpetrator and crime scene; testimonial evidence from victim, suspect and witness interviews, as well as any forensic interviews conducted as part of the investigation; and documentary evidence that may include video footage, written reports, and witness statements. The sheriff's investigator indicated there was a monthly meeting where the district attorney, forensic investigators, and criminal investigators came together to review the evidence and make determinations about next steps in criminal investigations. The investigator indicated that a preponderance of the evidence was used to make all determinations of substantiated allegations of sexual abuse or sexual harassment.

(i.) MCYD had no substantiated allegations of conduct that appear to be criminal that were referred for prosecution during this audit cycle. This was confirmed in the interview with the Sheriff's investigator and the administrative team interviews with the MCYD staff. The Sheriff's investigator shared that his team works closely with the district attorney's office to review the merits of each case. The district attorney makes the decision on whether a case is referred for prosecution, but the investigative team does have the ability to request a grand jury to see if sufficient and credible evidence is obtained to present to a judge.

(j.) MCYD policy "Protection from Harm" is the written policy that outlines how a detainee's file is maintained by detention staff. The record is maintained in the 'Jail Guardian' computer system. The files are maintained while the detainee is in detention, and upon release. Files

are 're-activated' each time a detainee is brought in to care. The investigative files, incident reports and PREA paperwork is part of this detainee record. While onsite, the auditor observed the use of the system during the intake process. Staff were able to acquire documentation requested by the auditor from the system. MCYD policy "Criminal and Administrative Agency Investigations" further outlines that retention of "all reports for as long as alleged abuser is detained or employed, plus five years, unless detainee commits abuse and applicable law requires shorter retention period."

(k.) MCYD policy "Criminal and Administrative Agency Investigations" indicates that an investigation will not be terminated solely on the basis that the alleged abuser or victim departs from the facility or terminates employment. The Sheriff's investigator interview showed that an investigation will continue even if a detainee is released or an employee leaves employment from the facility.

(l.) NA

(m.) MCYD policy "Criminal and Administrative Agency Investigations" indicates that the facility will cooperate with outside investigators and maintain communication with the sheriff's department on any ongoing investigation. The Sheriff's investigator stated that once his department receives a report, they take over the investigation. He indicated that MCYD cooperates with the sheriff's department to allow access to detainees and staff, as well as any evidence that is necessary to complete an investigation. This could include bagged evidence from a crime scene, video surveillance recordings, staff and detainee interviews, and written reports. The sheriff's department and the district attorney will inform the MCYD Agency Head of any pertinent outcomes that are relevant to the facility's requirement to maintain investigative records per the PREA standards. The MCYD Agency Head further supported in her interview the communication that the two agencies maintain with each other when investigating criminal reports of sexual abuse. The Superintendent, PREA Coordinator and PREA Manager shared that as part of the investigative team, it is their duty to make reports of sexual assault to the sheriff's department immediately upon receiving the report. They also indicated that they will assist the sheriff's department in obtaining access to any evidentiary requirements from detainees and staff in the facility.

Conclusions:

MCYD has met the standard for complying with all aspects of administrative and criminal investigations pursuant to standard 115.371. MCYD has MOUs with the Montgomery County Sheriff's Department for criminal investigations, with One Place for forensic SANE exams, and works with the district attorney's office for any forensic interviews that need to be obtained for juvenile detainees. MCYD conducts administrative investigations and trains its Superintendent, PC and PM on how to conduct such investigations. The facility maintains investigative files that includes a summary of the evidence and any findings for substantiated reports of sexual abuse and sexual harassment.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD Policy “Evidentiary Standard for Administrative Review” * MCYD Written Institutional Plan * MCYD Policy 12.7.1 “Protection from Sexual Abuse and Assault” * City and County of Montgomery Personnel Board Rules and Regulations * Investigative memos with documented evidence <p>Interviews:</p> <ul style="list-style-type: none"> * Investigators, including Superintendent, PC & PM <p>Findings:</p> <p>(a.) The MCYD written institutional plan states in Investigations, 1. Criminal and administrative agency investigations, that “the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” MCYD evidentiary policy further states, “MCYD will report occurrences/allegations of sexual assault or threat in accordance with the laws of the jurisdiction. The investigation may be limited by what is allowed by the laws of the jurisdiction. MCYD will not impose a standard higher than preponderance of the evidence for sexual misconduct investigations.” An interview with the agency administrative investigators, as well as the Sheriff’s investigator supported that the facility uses a proper standard of proof when completing investigations of sexual misconduct. There were no reported incidents during this audit period, but examples of investigative memos of client grievances supported that the agency to the steps needed to gather the proper evidence for investigating allegations of sexual abuse and sexual assault. The Sheriff’s investigator further indicated that his team will work closely with the district attorney to make sure that the proper evidence is in place to support a substantiated allegation.</p> <p>Conclusions:</p> <p>It is the finding of this auditor that the facility has met the standard of using ‘preponderance of the evidence’ as its standard of proof guidelines.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Process for investigating sexual assault allegation * MCYD Written Institutional Plan * MCYD policy "Investigations: Reporting to Residents" * MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" * City and County of Montgomery Personnel Board Rules and Regulations * Investigative memos <p>Interviews:</p> <ul style="list-style-type: none"> *Investigators, including Superintendent, PC & PM * Residents who Reported a Sexual Abuse <p>Findings:</p> <p>(a.) MCYD policy "Investigations: Reporting to Residents" states, "Upon completion of an investigation into a detainee's allegations of sexual abuse suffered at the Montgomery County, the facility will inform the detainee in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded." The facility documented in the PAQ that there were no reported criminal or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. This was supported through a review of the incident memos and during the interviews with the Superintendent, PC and PM. The Sheriff's investigator also indicated that his team had not investigated any criminal sexual abuse allegations at the facility.</p> <p>(b.) MCYD policy "Investigations: Reporting to Residents" states, "If Montgomery County Youth Detention did not conduct the investigation, the facility will request the relevant information from the Montgomery County Department of Human Resources, or Montgomery Sheriff's Department in order to inform the detainee of the outcome of the investigation." The facility documented in the PAQ that there were no reported criminal or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. This was supported through a review of the incident memos and during the interviews with the Superintendent, PC and PM. The Sheriff's investigator also indicated that his team had not investigated any criminal sexual abuse allegations at the facility. He further indicated that they maintain regular communications with the Agency Head of any investigations that are conducted on behalf of MCYD detainees.</p> <p>(c.) MCYD policy "Investigations: Reporting to Residents" states, "Following a detainees allegation that a staff member has committed sexual abuse against the detainee, Montgomery</p>

County Youth Detention shall subsequently inform the detainees (unless the facility has determined the allegation is unfounded whenever): * the staff member is no longer assigned to the detainee's wing; * the staff member is no longer employed at the Youth Detention; Youth Detention learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility." The facility documented in the PAQ that there were no reported criminal or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. This was supported through a review of the incident memos and during the interviews with the Superintendent, PC and PM. The Sheriff's investigator also indicated that his team had not investigated any criminal sexual abuse allegations at the facility where a staff member was involved. There were no residents who reported sexual abuse to interview while the auditor was on site.

(d.) MCYD Written Institutional Plan states, "Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the agency shall subsequently inform the alleged victim whenever: a. the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or, b. the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility." There were no residents who reported sexual abuse to interview while the auditor was on site. An interview with the Superintendent supported this finding. She further stated that if a report were to be made to a detainee, it would be documented in memo format similar to the other investigative memos referenced throughout this standard.

(e.) MCYD Written Institutional Plan states, "All such notifications or attempted notifications shall be documented. A facility's obligation to report shall terminate if the juvenile is released from the agency's custody." The facility had no incidents of sexual abuse where notifications had to be made to residents during this reporting period. A review of the investigative memos supported this finding. An interview with the Superintendent also supported this finding. She further stated that if a report were to be made to a detainee, it would be documented in memo format similar to the other investigative memos referenced throughout this standard.

Conclusion:

This facility was found to be in compliance with standard 115.373 related to reporting investigative findings detainees.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> *Memos of PREA investigations *City and County of Montgomery Personnel Board Rules and Regulations (employee handbook) *MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” *MCYD policy “Personnel: Sexual Harassment” *MCYD PREA Written Institutional Plan *MCYD policy “Discipline: Disciplinary Sanctions for Staff” <p>Findings:</p> <p>(a.) MCYD policy “Discipline: Disciplinary Sanctions for Staff” states, “Staff of MCYD shall be subject to disciplinary sanctions up to and including termination for violating the facility’s sexual abuse or sexual harassment policy.”</p> <p>(b.) The Superintendent noted in the PAQ that there were no incidents of staff from the facility having violated the sexual abuse or sexual harassment policies. A review of the incident memos confirmed no substantiated incidents of sexual abuse or sexual harassment committed by a MCYD staff. A random review of personnel records showed no employee sanctions or discipline surrounding sexual abuse or sexual harassment issues. MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating the MCYD sexual abuse or sexual harassment policies.”</p> <p>(c.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” and MCYD policy “Discipline: Disciplinary Sanctions for Staff” both indicate, “Disciplinary sanctions for violations of Youth Detention 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 Superintendent noted in the PAQ that there were no incidents of staff from the facility having violated the sexual abuse or sexual harassment policies. A review of the incident memos confirmed no substantiated incidents of sexual abuse or sexual harassment committed by a MCYD staff. A random review of personnel records showed no employee sanctions or discipline surrounding sexual abuse or sexual harassment issues.</p> <p>(d.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” and MCYD policy “Discipline: Disciplinary Sanctions for Staff” both indicate, “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,</p>

unless the activity was clearly not criminal, and to any relevant licensing bodies.” The Superintendent noted in the PAQ that there were no incidents of staff being reported to law enforcement from the facility for having violated the sexual abuse or sexual harassment policies. A review of the incident memos confirmed no substantiated incidents of sexual abuse or sexual harassment committed by a MCYD staff that had to be reported to law enforcement.

Conclusion:

MCYD has met the standard for compliance for 115.376 as it relates to disciplinary sanctions for staff.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff logbook entries * MCYD Code of Ethics * MCYD Confidentiality Agreement * MCYD Volunteer Orientation * Staff/Contracted Counties/Volunteer/Contractors/Interns PREA Acknowledgement Statement * MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" * MCYD policy "Discipline: Corrective Action for Contractors and Volunteers" <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * Agency Head <p>Findings:</p> <p>(a.) MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" and MCYD policy "Discipline: Corrective Action for Contractors and Volunteers" both state, "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." A review of the incident memos confirmed no substantiated incidents of sexual abuse or sexual harassment committed by a MCYD contractor or volunteer, and no referrals to law enforcement. A review of log book entries showed that staff documented the direct line of sight supervision of contractors and volunteers, including entry and exit, and purpose of being in the area where detainees are located.</p> <p>(b.) MCYD policy "Discipline: Corrective Action for Contractors and Volunteers" states, "Youth Detention staff has both the authority and responsibility to deny any volunteer, intern, or contributor access to the facility whose presence is believed to jeopardize the order, security, or safety of the facility. If possible, the staff should notify the Juvenile Detention Director for approval prior to taking this action. The staff member taking such action will submit a written report to the JDD outlining the circumstances and conditions that required the action. The JDD will affirm or rescind the action and determine the conditions of reinstatement, as appropriate." The Agency Head and Superintendent both indicated that if there was any concern that a contractor or volunteer displayed risk factors or red flags for sexual abuse, that person's privileges to access the detainees would immediately be revoked. They further indicated, that nonessential personnel were a privilege in the facility, and not a requirement, so safety was always the priority.</p>

Conclusion:

MCYD has met compliance with standard 115.377 as it relates to corrective action for contractors and volunteers.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of PREA Investigations * MCYD Detainee Handbook * Court Therapist Notes * Request for Court Therapist * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Discipline: Interventions and Disciplinary Sanctions for Residents” <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * Random Residents * Court Therapist <p>Findings:</p> <p>(a.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “A juvenile may be subject to disciplinary sanctions by the 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 criminal finding of guilt for juvenile-on-juvenile sexual abuse.” A review of the PAQ and the memos of investigation indicated there were no administrative or criminal findings of resident-on-resident sexual abuse that occurred at the facility. The Superintendent shared that what was documented in the PAQ was accurate. Juveniles receive a copy of the detainee handbook, which explains the disciplinary process as it relates to PREA behaviors. During the Random Resident interviews, it was determined that detainees receive a copy of this handbook at intake, and have regular small groups with staff where they review and explain the rules and regulations of detainee behaviors.</p> <p>(b.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “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.” In the PAQ it was noted that there were no incidents of juveniles being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. A review of the memos of investigations, the monitoring logs in the detainee files, and the logs books showed no additional records of isolation used for resident-on-resident sexual abuse. The Superintendent confirmed no other incidents outside of what she had already</p>

documented.

(c.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “The 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 or Court Therapist for additional information on the juvenile’s mental status before imposing a sanction.” The Superintendent shared that when assessing the needs for sanctions on a juvenile with mental disabilities, MCYD will coordinate with the Court Therapist for an evaluation and recommendation. She also indicated that they will collaborate with the courts and juvenile probation officers to make sure the punishment is in line with the incident and the detainee’s previous history.

(d.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “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 general programming or education.” An interview with the Court Therapist confirmed that she is often consulted when addressing the behavioral concerns of a detainee. Samples of therapy notes were reviewed to support her involvement in providing interventions to address underlying behavioral concerns. There were no documented incidents of sanctions for detainee sexual abuse to review.

(e.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “Facilities may discipline a juvenile for sexual contact with staff only upon finding that the staff member did not consent to such contact.” A review of the incident memos showed no documented incidents where a detainee was disciplined for sexual misconduct against a non-consenting staff member.

(f.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “For the purpose of disciplinary action, a report of sexual abuse 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.” A review of the incident memos showed that detainees often made reports that were unfounded in nature. The detainees were not sanctioned as a result of these reports. At times ‘no contact orders’ were put in place between the persons in conflict with each other, but actual discipline was not noted. Counseling or coaching may have been provided to educate the detainee on policy and behavioral expectations going forward.

(g.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” states, “MCYD prohibits all sexual activity between juveniles and may discipline juveniles for such activity. MCYD, however, does deem such activity to constitute sexual abuse if it determines that the activity is coerced.” Again, a review of the memos of investigations showed that at times detainees were coached on behaviors that were not substantiated sexual abuse or sexual harassment, but did raise red flags. In certain instances, detainees were placed on ‘no contact orders’ to limit interaction between the detainees.

Conclusion:

MCYD was found to be in compliance with standard 115.378 as it pertains to interventions and disciplinary sanctions for residents.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff Confirmation of Receipt of PREA * Diagnostic Testing Protocols and various detainee test results * Consent to Treatment * Medical Intake History * Physical Assessment * MCYD Sick Call List * Juvenile Confirmation of Receipt of PREA * MCYD Screening Instrument * MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" * MCYD policy "Medical and Mental Care: Medical and Mental Health Screenings; History of Sexual Abuse" * Request for Therapist Assessment * Court Therapist Note * Detainee Hospital Paperwork * DHR CAN Report * Memos of Investigation * Staff/Contracted Counties/Volunteer/Contractors/Interns PREA Acknowledgement Statement <p>Interviews:</p> <ul style="list-style-type: none"> * Screening Staff * Medical Staff * Court Therapist * Residents who Disclose Sexual Victimization at Risk Screening <p>Findings:</p> <p>(a.) & (b.) MCYD Written Institutional Plan state, "If the screening indicates that a juvenile has experienced prior sexual victimization, whether it occurred in an institutional setting or in the</p>

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. If the screening indicates that a juvenile 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 mental health practitioner within 14 days of the intake screening.” In the PAQ it was noted that 100 juveniles disclosed prior victimization and/or perpetration during screening and were offered follow-up medical and mental health services. While onsite an interview was completed with a Random Resident who reported disclosing prior victimization at time of screening. The resident indicated that she has been seen by medical, and was offered services with the court therapist. The Screening Staff shared that when a disclosure is made at intake of previous victimization or perpetration, a DHR CAN report is completed and the Superintendent is notified. A review of the detainee files and PAQ showed samples of these reports. In an interview with the Court Therapist and Medical Staff it was noted that both receive regular communications and referrals when this type of disclosure occurs. The medical and mental health records were reviewed that showed the referrals for additional services, and the case notes and medical notes to support the referrals.

(c.) & (d.) MCYD Written Institutional Plan states, “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.” Observations while on site showed that each group that was responsible for completing detainee paperwork, managed their portion of the detainee record. In the intake room were housed locked cabinets for the detainee intake documentation, in medical were the locked cabinets for the medical files and the court therapist had the mental health files locked in her office. An electronic record system was used to collect detainee information. Documentation was reviewed in the personnel files and training records that showed staff were educated on client confidentiality and the information that could and could not be disclosed, as well as the importance of obtaining release of information consent. Interviews with the Screening Personnel, Medical and Mental Health Staff included a review of pertinent records, and the staff sharing with the auditor the process for maintaining the confidential records. Copies of release of information consent was maintained in the detainee records when PHI was disclosed.

Conclusion:

MCYD was found to be in compliance with standard 115.381 as it pertains to medical and mental health screenings; history of sexual abuse, and confidential record keeping.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff/Contracted Counties/Volunteer/Contractors/Interns PREA Acknowledgement Statement * Staff Confirmation of Receipt of PREA * First Responder Checklist * Child Protect Children’s Advocacy Center MOU * One Place: “Standing Together Against Rape” (STAR) Program MOU * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Medical and Mental Care: Access to Emergency Medical and Mental Health Services” * MCYD Written Institutional Plan <p>Interviews:</p> <ul style="list-style-type: none"> * Medical Staff * Random Staff/First Responder * Rape Crisis/SANE Provider <p>Findings:</p> <p>(a.) (b.) & (c.) MCYD Written Institutional Plan states, “Juvenile 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. 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 and shall immediately notify the appropriate medical and mental health practitioners. Juvenile 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.” An interview with a medical provider shared that detainees are offered immediate emergency medical services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, if a sexual abuse is reported or discovered. HIV/STI education, she stated, was also a regular piece of education provided to all detainees who report being sexually active. While there were no reports of sexual abuse at the facility at the time of the audit in the reporting period, a review of previous memos of investigation showed that a detainee disclosed during intake that she had previously been raped. A copy of the ER visit paperwork and subsequent follow-up services were on file. Staff are also trained</p>

on the detainees' rights to emergency medical services as noted on the signed acknowledgement forms for staff receipt of PREA. The staff first responder checklist, which is posted in the staff wing offices, also includes how the staff will respond if medical or mental health providers are not on duty. Random Staff interviews demonstrated that staff are trained and knowledgeable of first responder duties, and can articulate who to contact in emergency medical and mental health situations.

(d.) MCYD Written Institutional Plan and MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" both state, "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." An interview with the STAR Program Coordinator (rape crisis/SANE forensic exam provider) shared that as part of their MOU with MCYD, payment of services (if incurred) will be submitted directly to MCYD, not to the detainee.

Conclusion:

MCYD was found to be in compliance with standard 115.382 as it pertains to access to emergency medical and mental health services for detainees who experience sexual abuse.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Staff/Contracted Counties/Volunteer/Contractors/Interns PREA Acknowledgement Statement * Staff Confirmation of Receipt of PREA * First Responder Checklist * Child Protect Children’s Advocacy Center MOU * One Place: “Standing Together Against Rape” (STAR) Program MOU * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Medical and Mental Care: Access to Emergency Medical and Mental Health Services” * MCYD Written Institutional Plan <p>Interviews:</p> <ul style="list-style-type: none"> * Medical Staff * Rape Crisis/SANE Provider * Agency Head * Superintendent <p>Findings:</p> <p>(a.) – (h.) MCYD Written Institutional Plan states, “MCYD shall offer medical and mental health evaluations and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse.” MCYD Written Institutional Plan states, “The evaluation and treatment of 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.” MCYD Written Institutional Plan states, “MCYD shall provide victims with medical and mental health services consistent with the community level of care. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MCYD shall attempt to conduct a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer when deemed appropriate by mental health practitioners.” At the time of the audit, there were no reported</p>

incidents of sexual abuse in a prison, jail, lockup or juvenile facility reported. However, a full review of the process for making referrals can be found in the standard specific discussions under 115.382. While no incidents of abuse at another juvenile facility were documented for review, the medical file of a detainee that was reported to DHR for pregnancy who was under the age of consent prior to admission was reviewed. After her initial referral for medical services, the detainee was referred for continuing care services once she was released from custody demonstrating the processes for follow-up referrals is established at the facility. Other documents to support the availability of these supportive services include an MOU with One Place who during the interview indicated that in addition to rape crisis services, supportive services, including aftercare, are available to all juveniles who have experienced a sexual abuse. The Agency Head, Superintendent and Medical Provider for MCYD all indicated that an MOU with Jackson County was in place for the provision of medical services, emergency or otherwise. A review of the detainee medical records showed supporting documentation from Jackson Hospital where detainees had been treated. Other supporting documentation that indicates mental health services are available as needed, included the mental health referral form to the court therapist, psychological evaluations and court therapist case notes.

Conclusion:

MCYD was found to be in compliance with standard 115.383 as it relates to ongoing medical and mental health care for sexual abuse victims and abusers.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of Investigation * MCYD Written Institutional Plan * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Data Collection and Review: Sexual Abuse Incident Review” <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * PREA Coordinator * PREA Compliance Manager * Agency Head <p>Findings:</p> <p>(a.) MCYD Written Institutional Plan, MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault”, and MCYD policy “Data Collection and Review: Sexual Abuse Incident Review” all address the fact that MCYD conducts sexual abuse incident reviews at the conclusion of every sexual abuse investigation. The Superintendent in collaboration with the Agency Head, PC and PM complete the findings and document them in a memo format that includes if the allegation was substantiated, unsubstantiated or unfounded. A review of the memos of investigations showed one unsubstantiated report of staff sexual misconduct that was reported by a detainee using the ADYS PREA hotline. The ADYS PREA Coordinator contacted MCYD Superintendent and encouraged her to complete an administrative investigation. The memo indicated the report could not be substantiated. The staff member was retrained on client search procedures, and the detainee was informed of PREA definitions of sexual misconduct, and the outcome of the investigation. The detainee confirmed that he was “ok with the outcome of the investigation.”</p> <p>(b.) MCYD Written Institutional Plan, MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault”, and MCYD policy “Data Collection and Review: Sexual Abuse Incident Review” all address, “The review shall ordinarily occur within 30 days of the conclusion of the investigation.” A review of the investigation memos that were on record for PREA related allegations were found to be completed within 3-5 days of the reported allegation. The Superintendent shared in her interview that all investigations start within 24 hours of her receiving the allegation, and she does her due diligence to complete the investigation within 24-48 hours. The investigation review team will then review the material and make a determination shortly thereafter.</p>

(c.) (d.) & (e.) MCYD Written Institutional Plan states, “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. 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, make recommendations for improvement and submit the report to the facility head and the MCYD PREA Coordinator.” Interviews with the Agency Head, Superintendent, PREA Coordinator, and PREA Manager showed that the review team is made up of higher-level management officials. The team members shared that input is obtained from the detention line staff, medical and mental health staff as appropriate to complete the investigative findings. MCYF Form 115.386 Sexual Abuse Critical Incident Review form is used to determine if 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. In addition to the incident review team, a Sexual Assault Review Team (SART) meets once a quarter and reviews the memos of investigation and makes decisions about training practices and/or policies that may need to be changed as a result of the ongoing reports. The SART team meeting notes were reviewed as part of this determination.

Conclusion:

MCYD was found to be in compliance with standard 115.386 as it relates to sexual abuse incident reviews, findings, and recommendations.

115.387	Data collection
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ul style="list-style-type: none"> * Memos of Investigation * MCYD Written Institutional Plan * MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” * MCYD policy “Data Collection and Review: Sexual Abuse Incident Review” * SART meeting notes * SSVJ 2017, 2018, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> *Agency Head *Superintendent *PREA Coordinator *PREA Manager <p>Findings:</p> <p>(a.) - (d.) & (f.) MCYD policy 12.7.1 “Protection from Sexual Abuse and Assault” and MCYD Written Institutional Plan state, “MCYD 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 Superintendent provided a copy of the 2018 data at the time of the onsite audit. She indicated in her interview the DOJ had not made a request for data since the 2018 report was completed. As part of corrective action, the Agency Head was instructed to complete the most recent reports. 2017, 2018, and 2019 SSVJ reports were submitted to the auditor, with a caveat that the 2020 data would be available in November when their annual reports were due. A review of the memos of investigations shows that the facility makes every effort to record the information needed to complete an aggregated data report at the end of the year. The incident report information is maintained in the Superintendent’s office, and is readily available for review. The Superintendent, PC and PM all indicated in their interviews they work together on all investigations and incident reviews to collect the proper information needed to complete the annual aggregate data reports.</p> <p>(e.) MCYD does not contract with other private facilities for the confinement of its residents.</p> <p>Conclusion:</p> <p>MCYD was found to be in compliance with standard 115.387 as it relates to data collection. In</p>	

an effort to reach compliance, the facility had corrective action centered on completing annual aggregate data reports. At time of the onsite audit, only data through 2018 was available. The Agency Head submitted the additional reports to finalize compliance with the provisions of this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Memos of Investigation * MCYD Written Institutional Plan * MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" * MCYD policy "Data Collection and Review: Sexual Abuse Incident Review" * SSVJ 2017, 2018, 2019 <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent * PREA Coordinator * PREA Manager <p>Findings:</p> <p>(a.)-(d.) MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" states, "1. The DYS PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003. 2. MCYD 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. 3. Before making aggregated sexual abuse data publicly available, MCYD shall remove all personal identifiers." While onsite, it was discovered that the Superintendent has the primary role of collecting and aggregating this data, with the support of the PC and PM. At the time of the onsite portion of the audit it was discovered that the data was not posted publicly for review. The facility remedied that by having the SSVJ reports uploaded to the website. After reviewing the corrective action, it was further noted that the annual reports had not been completed since 2018. Further corrective action was warranted for submitting the outstanding reports. The facility was able to come into compliance with all reports through this audit reporting cycle. A review of the SART meeting notes shows that the facility monitors data collected and makes improvements that will support the prevention, detection, reporting and responding to sexual abuse and sexual harassment. Interviews with the Superintendent, PC and PM showed they work together to collect the proper data needed to maintain accurate investigative findings memos that will allow them to complete the aggregated data reports needed annually. The Agency Head stated that she receives the reports and makes arrangements for those to be posted publicly. A review of the annual reports shows that data is redacted and does not include any information that would threaten the safety and security of the facility.</p>

Conclusion:

MCYD was found to be in compliance with standard 115.388 as it relates to data review for corrective action. The facility completed corrective action that allowed for the annual reports to be posted on the website, and completed the reports in order for them to be up to date for this audit cycle and reporting period.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * MCYD Written Institutional Plan * MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" <p>Interviews:</p> <ul style="list-style-type: none"> * Superintendent * PREA Coordinator <p>Findings:</p> <p>(a.) - (d.) MCYD Written Institutional Plan states, "All PREA documentation will be maintained in accordance with the MCYD Record Retention Schedule and Alabama Statutes." MCYD policy 12.7.1 "Protection from Sexual Abuse and Assault" states, "1. The DYS PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003. 2. MCYD 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. 3. Before making aggregated sexual abuse data publicly available, MCYD shall remove all personal identifiers. 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 MCYD record retention schedule." The Superintendent and PC shared that the records are maintained for 10 years, and kept in locked, confidential filing cabinets, as observed while onsite. The data is posted publicly as stated in the standard provisional summaries for 115.388. The Superintendent was able to pull historical data from the onset of PREA implementation in 2012 upon request. The annual reports were reviewed by the auditor, observed to be uploaded to the website, and had all personal identifying information of detainees removed.</p> <p>Conclusion:</p> <p>MCYD was found to be in compliance with standard 115.389 as it pertains to data storage, publication and destruction. As indicated in standard 115.388, the facility completed corrective action that allowed for the annual reports to be posted on the website, and completed the reports in order for them to be up to date for this audit cycle and reporting period.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 424 360">Documents:</p> <ul data-bbox="252 398 995 725" style="list-style-type: none"> * PREA Audit Announcements (English & Spanish) * Photos of the Audit Announcements through the Facility * Detainee list upon entry to the facility * Current staff list upon entry to the facility * MCYD 2021 PREA Audit Contract <p data-bbox="252 770 408 804">Interviews:</p> <ul data-bbox="252 842 520 945" style="list-style-type: none"> * Random Residents * Random Staff <p data-bbox="252 990 389 1023">Findings:</p> <p data-bbox="252 1061 1484 1308">(a.) & (b.) MCYD is a single facility operated by the agency. MCYD was initially audited in 2012 and has maintained audits every three-year cycle as evidenced by the PREA auditor reports showing compliance with all PREA standards. The facility began the audit schedule in the first year of the three-year cycle, and has maintained that schedule going forward. MCYD is also audited annually by the Alabama Department of Youth Services for compliance with PREA auditing standards.</p> <p data-bbox="252 1352 1484 1727">(h.) MCYD entered into a contract with the auditor in March 2021 that spelled out the requirement of allowing the auditor to have access to, and the ability to observe, all areas of the audited facility. The PREA Coordinator provided a tour of all areas of the facility on the first day of the onsite portion of the audit. In the PAQ a copy of the facility layout was uploaded and the auditor was able to analyze the layout before being on site in order to familiarize herself with areas to be reviewed. The PC unlocked all doors requested, took the auditor to the medical department, intake department, kitchen, and even took the auditor out of the main building to the open yard and the maintenance building of the facility. A review of the video surveillance system was conducted while on site and the camera placements were observed.</p> <p data-bbox="252 1771 1452 2098">(i.) MCYD entered into a contract with the auditor in March 2021 that spelled out the requirement of allowing the auditor to have access to any requested relevant documents, including those stored electronically. At times, staff appeared concerned about sharing documents that contained protected health information, but they were assured by the PREA Coordinator and Superintendent that they could provide the requested information to the auditor. The concern did not appear to be related to not wanting to provide needed information for the audit, but more related to the staffs' training on maintaining client confidentiality within the facility.</p>

(m.) MCYD entered into a contract with the auditor in March 2021 that spelled out the requirement of allowing the auditor to have access to a private meeting area for conducting detainee and staff interviews. While onsite the auditor was given the training/meeting room in the main hall of the detention area as her home base and private meeting area. Cameras were located in the meeting room for observation purposes only, but did not record any sound. Staff and detainees were allowed to meet with the auditor independently.

(n.) MCYD entered into a contract with the auditor in March 2021 that spelled out the requirement of posting the Notice of Audit at least 6 weeks prior to the onsite portion of the PREA audit. The Superintendent emailed photos of the postings throughout the facility at the onset of that time frame which included the rights of the detainees and staff to communicate confidentially with the auditor through written correspondence. The auditor observed the audit notices upon arrival to the facility on the main entrance doors, in the dayrooms, in the staff offices, in the cafeteria, and in the hallways of the detention facility. The auditor did not receive any written communication throughout the audit. During the random resident interviews detainees were informed that they had the right to send and receive confidential correspondence to the auditor in the same format as if they were communicating with their legal counsel. Interviews with random staff indicated that the detainee mail was confidential and was only monitored for contraband.

Conclusions:

MCYD met the standard for maintaining audit compliance to the PREA standards. They have maintained compliance with audits in every three-year cycle. MCYD contracted with the auditor and allowed her access to all areas of the facility, all relevant documentation and files, all staff, and all detainees for the on site portion of the audit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> * Montgomery Youth Facility PREA Audit 2018 * 2017, 2018, 2019 Survey of Sexual Victimization * Screenshots of MCYD Website <p>Interviews:</p> <ul style="list-style-type: none"> * Agency Head * Superintendent <p>Findings:</p> <p>(f.) MCYD provided a copy of the 2018 PREA audit report to the auditor upon request. Upon initial review of the facility’s website, the PREA information was not made available. The Agency Head, Superintendent and auditor discussed this standard while on site and the need to make this information available for public review. The Agency Head contacted the public relations department and requested that the information be uploaded as soon as possible. The auditor was able to verify the documentation had been uploaded to the website prior to the completion of the audit report. The Agency Head further confirmed that she would make sure the information discussed, including annual data, would be posted on the website going forward.</p> <p>Conclusions:</p> <p>MCYD was found to be in compliance with making the previous audit report publicly available on the website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	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	
	<p>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))</p>	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or 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