

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report Click or tap here to enter text.

Auditor Information

Name: Georgeanna Mayo Murphy **Email:** GeorgeannaMurphy@yahoo.com

Company Name: Murphy PREA Auditing Services Click or tap here to enter text.

Mailing Address: P.O. Box 81873 **City, State, Zip:** Mobile, AL 36689

Telephone: 251-421-0604 **Date of Facility Visit:** April 25-27, 2018

Agency Information

Name of Agency **Governing Authority or Parent Agency (If Applicable)**

Montgomery Youth Facility Montgomery County Commission

Physical Address: 1111 Airbase Blvd. **City, State, Zip:** Montgomery, AL 36108

Mailing Address: SAA **City, State, Zip:** SAA

Telephone: 334-261-4100 **Is Agency accredited by any organization?** ☐ Yes ☒ No

The Agency is: ☐ Military ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☒ County ☐ State ☐ Federal

Agency mission: The purpose of this organization is to facilitate the care, protection, and discipline of children who come within the jurisdiction of the juvenile court, while acknowledging the responsibility of the juvenile court to preserve the public peace and security. And further, integrating the parents and/or legal guardians into the juvenile court process to insure their accountability to and for the child

Agency Website with PREA Information: The facility does not have a website

Agency Chief Executive Officer

Name: Beverly Wise **Title:** Juvenile Court Administrator

Email: Beverly.wise@alacourt.gov **Telephone:** 331-261-4100

Agency-Wide PREA Coordinator

Name: Beverly Wise **Title:** Juvenile Court Administrator

Email: Beverly.wise@alacourt.gov		Telephone: 331-221-4100	
Presiding Juvenile Court Judge		Number of Compliance Managers who report to the PREA Coordinator 1	
Facility Information			
Name of Facility: Montgomery Youth Facility			
Physical Address: 1111 Airbase Blvd. Montgomery, AL 36108			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 334-261-4100			
The Facility Is:		☐ Military	☐ Private for Profit
☐ Municipal	☒ County	☐ State	☐ Private not for Profit
Facility Type:		☒ Detention	☐ Other
		☐ Correction	☐ Intake
Facility Mission: The purpose of this organization is to facilitate the care, protection, and discipline of children who come within the jurisdiction of the juvenile court, while acknowledging the responsibility of the juvenile court to preserve the public peace and security. And further, integrating the parents and/or legal guardians into the juvenile court process to insure their accountability to and for the child			
Facility Website with PREA Information: facility does not have a website			
Is this facility accredited by any other organization? ☐ Yes ☒ No			
Facility Administrator/Superintendent			
Name: Brandi Alexander		Title: Juvenile Detention Director	
Email: brandi.alexander@alacourt.gov		Telephone: 334-261-4100 ext:2148	
Facility PREA Compliance Manager			
Name: Kenneth Arnold		Title: Juvenile Detention Supervisor	
Email: kennethArnold@mc-AIA.org		Telephone: 334-261-4100	
Facility Health Service Administrator			
Name: Dr. Doyin Ogunbi		Title: Designated Health Authority	
Email: Click or tap here to enter text.		Telephone: 334-288-1961	
Facility Characteristics			

Designated Facility Capacity: 52		Current Population of Facility: 29	
Number of residents admitted to facility during the past 12 months			554
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			379
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			175
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	13 to 18 years of age		
Average length of stay or time under supervision:			17 days
Facility Security Level:			medium
Resident Custody Levels:			medium
Number of staff currently employed by the facility who may have contact with residents:			29
Number of staff hired by the facility during the past 12 months who may have contact with residents:			3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 52	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Cameras are monitored at Master Control by operator 24 hour per day. Cameras are located throughout the facility. Auditor did not identify any blind spots.			
Medical			
Type of Medical Facility:		On call physician and daily nursing care	
Forensic sexual assault medical exams are conducted at:		Lighthouse Counseling Center (Standing Against Rape)	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2 Administrative Investigators

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-on-site audit, onsite 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.

The Prison Rape Elimination Act (PREA) on-site audit of the Montgomery County Youth Facility in Montgomery, Alabama was conducted April 25-27, 2018 by Georgeanna Mayo Murphy, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed PRE-Audit Questionnaire and information on the facility's website. The documentation reviewed included agency policies, procedures, forms, educational materials, training curriculum, organizational chart, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA Standards. The policies and supporting documentation submitted were very well written and covered all the requirements of each standard.

During the three day on-site audit, the auditor was provided with access to an room in the facility to conduct interviews of administrative staff, contract personnel, line staff, residents and volunteers. Formal interviews were conducted with facility staff, residents, contract personnel and volunteers. The auditor interviewed fifteen of the twenty-nine residents. Eleven line staff members including two supervisors were audited as well as a member of the teaching staff, mental health personnel, medical staff, Detention Director (Brandi Alexander), Court Coordinator/PREA Coordinator (Beverly Wise), PREA Manager (Kenneth Arnold) and Compliance Officer (Patricia Boyd).

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections specifically their knowledge of reporting mechanisms available to them. Questions also include attempt to obtain information about the intake process, shower protocols, pat-down-searches and how residents perceive their safety in the facility. Staff were questioned using the DOJ protocols that question their knowledge of the facility's zero tolerance policy, reporting mechanisms available to both them and residents, response protocols when a resident reports abuse and first responder duties. The auditor reviewed ten personnel files to determine compliance with background check procedures and training requirements. All files were found to be compliant. Ten resident detention files were also randomly selected to verify screening and intake procedures, resident education and other general areas mentioned in the standards were being met. All files were found to be compliant.

The auditor toured the facility escorted by the Compliance Manager, Detention Director, Court Administrator/PREA Auditor and observed the facility configuration, location of cameras, level of staff supervision, day room and cell lay-out including shower and toilet areas. The auditor also observed the placement of PREA posters, PREA informational resources, video surveillance monitoring, resident entrance and exit procedures, resident interaction with staff and facility programming. There are three living areas (wings) made up of 16 single cells on each wing in the facility. Each wings has one shower so residents shower alone with complete privacy. The auditor was given access to all areas of the facility to review the DOJ tour protocols. The auditor talked informally with both residents and staff during multiple walk through visits to the living areas of the facility during the course of the on-site visit.

The auditor was treated with great hospitality during the on-site visit. Residents and staff were made readily available to the auditor at all times and all were very willing to answer all questions asked of them. Both staff and residents were very knowledgeable about PREA and easily answered the questions they were asked. It is clear that the facility administration has made the implementation of PREA a top priority and has done an excellent job along with her staff to ensure the sexual safety of the residents in the facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.

The Montgomery County Youth Facility was opened in its current location on Air Base Boulevard in west Montgomery September 24, 1969. The facility at that time had a detention capacity of 34. The mission statement of the facility is "to facilitate the care, protection and discipline of children who come within the jurisdiction of the juvenile court, while acknowledging the responsibility of the juvenile court to preserve the public peace and security.

As requirements continued to grow, the Montgomery County Commission initiated actions to renovate and expand the facility to meet community needs in 1989. Renovation and expansion of the 40,000 square foot facility began in 1990, adding 7,000 square feet of administrative space and 8,200 square feet of additional detention space. The current detention capacity is 52. The facility underwent another renovation in 2015 upgrading all locking systems, video surveillance systems, adding windows in the resident dayrooms and new flooring in the living areas, gym and administrative areas. The facility is licensed by the Alabama Department of Youth Services. The facility employees 29 staff members who work 8 hour shifts. A medium level security facility houses an average daily population of 32 residents ranging in age from 13 to 18 years old. The facility houses both male and female residents and is gender-specific in regards to detention staff and residents. There are three living areas called wings.

The females are housed on one wing and the two other wings are designated for males based on age, size and other vulnerability factors.

The facility employs two mental health staff to test and evaluate residents and other court involved youth. The facility has a nurse who comes each afternoon to see residents and a contracted physician as their designated health authority who sees residents weekly. The facility has a large cafeteria with staff who prepares meals for the residents daily. Laundry is washed daily by detention staff and passed out at shower time. Residents are not allowed in the laundry room.

Residents receive orientation/PREA training upon their arrival to the facility and are given a handbook detailing behavior expectations and the level system. Residents may receive and send mail while detained. They may also make phone calls to their legal guardian, attorneys, social workers, etc. Residents may also visit with their legal guardians on assigned visitation days.

Residents are provided access to religious services by facility volunteers. Residents also participate in large muscle activity daily while detained. The facility has a gym and secure outside recreation area.

The facility is very clean and well kept. Staff and residents were very pleasant and spoke freely when interviewed. The facility has a very positive agency culture

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

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Number of Standards Met: 42

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Number of Standards Not Met:

0

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Summary of Corrective Action (if any)

PREVENTION PLANNING

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment;
PREA coordinator**

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? x Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? x Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? x Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? x Yes ☐ No
- 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? x Yes ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Montgomery Youth Facility has a written policy mandating zero tolerance for any form of sexual abuse or sexual harassment of residents detained at the facility. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse or sexual harassment of residents.

The Court Administrator serves as the PREA Coordinator and has the authority to develop, implement and oversee the facility's efforts to comply with PREA Standards. Interviews with the PREA Coordinator indicated she felt she had sufficient time to address the development, implementation, and oversee efforts to comply with PREA Standards. The facility also employs a PREA Manager to assist the PREA Coordinator and Detention Director in maintaining PREA Compliance.\

The auditor relied on a review of facility policy and procedure, Written Institutional Plan, interviews with the Court Administrator/PREA Coordinator, PREA Manager, and Detention Director to determine if the facility met the criteria set forth in the standard.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- 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".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Montgomery Youth Facility does not contract with any other agency to house residents.

The auditor relied on discussions with the Detention Director and Court Administrator/PREA Coordinator.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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)? x Yes ☐ No
- 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? x Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? xYes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? x Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) x Yes ☐ No ☐ NA

115.313 (c)

- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) x Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? x Yes ☐ No

115.313 (d)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.313 (e)

- 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) x Yes ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) x Yes ☐ No ☐ NA

- 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) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy and procedure require that the facility complete an annual staffing plan to ensure adequate levels of staffing are maintained at all times. The staff plan also contains an annual assessment of video monitoring equipment in the facility and recommendations are made to enhance the safety and security of the facility. The following elements are taken into consideration in determining adequate staffing and video monitoring: components of the facility's physical plant, composition of the resident population, number and placement of supervisory staff, programming on each shift, applicable State laws and licensing authority requirements, prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment, staff to resident ratios during waking and sleeping hours, and a internal assessment by facility administrative staff and the PREA Coordinator.

Facility policy and procedure requires supervisory staff on all shifts to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy and procedure prohibit staff from alerting other staff members of these unannounced rounds. Staff who engage in alerting other staff members of unannounced rounds will be subject to disciplinary action.

Facility staffing is maintained at a 1:8 staff to resident ratio during waking hours and 1:12 staff ratio during sleeping hours. This ratio is required by the Alabama Department of Youth Services. Staff are required two work over to ensure the staffing ratio is maintained at all times. There are no visible dead spots on in the detention area when viewing the facility's closed circuit television monitoring system.

The auditor relied on a review of facility policy and procedure, Written Institutional Plan, Completed Unannounced Rounds Form, daily staffing schedules, daily resident rosters, staffing plan, interviews with staff, supervisory staff, Detention Director, Court Administrator/PREA Coordinator, Compliance

Officer, PREA Manager, Alabama Department of Youth Services Annual Audit, and facility walk through to determine if the facility met the requirements set forth in the standard.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- 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 ☐ No ☐ NA

115.315 (e)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.315 (f)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility prohibits all cross-gender searches in the facility except under exigent circumstances. Facility staff are trained how to conduct cross gender, intersex and transgender pat down searches in a professional and respectful manner. If exigent circumstances arise all cross gender searches are documented. There have been no cross gender searches conducted during this audit cycle. Facility policy and procedure dictate that residents are allowed to shower perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine hall checks. Policy and procedure also require staff members of the opposite sex to knock and announce their presence when entering a housing unit.

Facility policy and procedure prohibit physically examining a resident for the sole purpose of determining genital status. This will be determined through conversations with the resident, viewing medical records or through the use of a broader medical exam by a member of the medical staff.

Interviews with residents verified no cross gender searches were conducted and cross gender staff announced their presence when entering living areas. Residents also indicated that staff provided them as much privacy as possible in a correctional setting.

Staff interviewed verified they were trained on the proper search procedures for transgender and intersex residents. Staff also indicated they received training on the proper procedure for conducting cross gender searches in exigent circumstances.

The auditor relied on facility policy and procedure, training materials, Staff and Resident Receipt of PREA Training, Written Institutional Plan, Resident Handbook, interviews with staff, residents, Detention Director, Court Administrator/PREA Coordinator, PREA Manager, and supervisors to determine if the facility met the requirements set forth in the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

- 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? x Yes ☐ No
- 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.) x Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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: Are blind or have low vision? x Yes ☐ No

115.316 (b)

- 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? x Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? x Yes ☐ No

115.316 (c)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that residents be provided services so that are informed on how to prevent and report sexual abuse and sexual harassment while detained at the facility. A court approved interpreter will be provided for residents who are deaf or who are not English proficient. Materials are also printed in Spanish to aid residents as well. Residents who are sight impaired will have the information read and explained to them by a qualified staff member. Residents who suffer from learning disabilities or who cannot read will have the information read to them and explained in a manner they can understand. Residents suffering from severe mental illness will have the information presented to them in a format recommended by mental health staff. The facility refrains from using resident interpreters and readers except in extreme circumstances.

The auditor relied on documentation found in the facility policy and procedures, Written Institutional Plan, Resident Acknowledgment of Receipt of PREA Training, list of court approved interpreters on Administrative Office of Courts Website, interviews with staff, residents, Detention Director, Court Administrator/PREA Coordinator, Compliance Officer, PREA Manager, and supervisors to determine if the facility met the criteria set forth in this standard.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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)? x Yes ☐ No
- 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? x Yes ☐ No

- 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 question immediately above? x Yes ☐ No
- 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)?
x Yes ☐ No
- 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? x Yes ☐ No
- 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 question immediately above? x Yes ☐ No

115.317 (b)

- 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? x Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? x Yes ☐ No
- 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?
x Yes ☐ No
- 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? x Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? x Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? x Yes ☐ No

115.317 (e)

- 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? x Yes ☐ No

115.317 (f)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? x Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? x Yes ☐ No

115.317 (h)

- 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility that all employees, volunteer/Intern/Contractors complete a criminal background check as well as a background check with the Alabama Department of Human Resources to ensure they have not been the perpetrators of child abuse and/or neglect. Background checks and CA/N reports are conducted on all staff and volunteer/Intern/Contractors every 5 years and if an employee is being considered for a promotion. Employees and volunteers/interns/Contractors are also asked to sign a release of information form for positions they may have held in incarceration facilities prior to coming to the Montgomery Youth Facility. Failure to sign the release form will be automatic grounds for disciplinary action or denial of volunteer/intern/contractor applications.

During my on-site visit I was provided with all employee and volunteer/intern/contractors files to view the completed background check and CA/N report. All checks had been completed within the past five year time frame. I also observed signed release form for those employees, volunteers/interns/contractors who had previous work history in incarceration facilities.

The auditor relied on the information provided by facility policies and procedures, Written Institutional Plan, completed background checks and CA/N reports, interviews staff, volunteers, Compliance Officer, Court Administrator/PREA Coordinator, PREA Manager, Detention Director and supervisors to determine if the facility met the criteria set forth in the standards.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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 ☒ No ☐ NA

115.318 (b)

- 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.)

x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility had a software update for the closed circuit camera system during this audit cycle. There have been no additions to the facility and no plans for add-ons in the immediate future.

The auditor relied on interviews with the facility Detention Director and Court Administrator/PREA Coordinator to determine if the facility met the requirements set forth in the standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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.)
x Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) x Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) x Yes ☐ No ☐ NA

115.321 (c)

- 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 evidentially or medically appropriate? x Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? x Yes ☐ No
- 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)? x Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? x Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? x Yes ☐ No
- 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? x Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? x Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? x Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? x Yes ☐ No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) x Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility is responsible for all administrative investigations. The Montgomery County Sheriff's Department is responsible for conducting all criminal investigations of sexual abuse in the facility. The facility has a MOU with the Lighthouse Counseling Inc. to provide all forensic sexual assault examinations by a SANE trained nurse. The Rape Crisis Center will be contacted to provide emotional support during the examination process and during questioning by law enforcement at the request of the resident. The facility also has a trained emotional support advocate on staff. The Alabama Coalition Against Sexual Violence provided the training. The Child Protect Child Advocacy Center provides counseling for victims of sexual abuse. These services are provided to the resident at no cost. The level of care is equal to or greater than the care received in the community.

The auditor relied on a review of the facility policy and procedure, Written Institutional Plan, Agreement with Montgomery County Sheriff's Department, MOU with Lighthouse Inc., MOU with Child Protect Child Advocacy Center, interviews with Compliance Officer/Staff Emotional Support Advocate, Detention Director, Court Administrator/PREA Coordinator, and PREA Manager to determine if the facility met the criteria set forth in the standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? x Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? x Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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? x Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? x Yes ☐ No
- Does the agency document all such referrals? x Yes ☐ No

115.322 (c)

- 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).]
x Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Facility policy and procedure require all allegations of sexual abuse and sexual harassment be investigated. Administrative investigations are conducted by 4 trained investigators on staff at the facility. All criminal investigations are conducted by the Montgomery County Sheriff's Department. All investigations are completed and the findings reported to the proper agencies. criminal investigations always supersede administrative investigations.

The facility does not have a website but the policy related to the investigative process can be obtained by contacting the Director of Detention or Court Administrator/PREA Coordinator.

The auditor relied upon information in the facility policy and procedures, Written Institutional Plan, Agreement with the Montgomery County Sheriff's Department, documentation of training for 4 administrative investigators training from the Alabama Department of Corrections, interviews with staff, investigative staff, Detention Director, Compliance Officer, Court Administrator/PREA Coordinator and PREA Manager to determine if the facility met the requirements set forth in the standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? x Yes ☐ No
- 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? x Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment x Yes ☐ No

- 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? x Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? x Yes ☐ No
- 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? x Yes ☐ No
- 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?
x Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? x Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
x Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? x Yes ☐ No
- 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? x Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
x Yes ☐ No
- 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? x Yes ☐ No

- 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? x Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy and procedure require all staff to receive PREA training before having any contact with residents. The staff training curriculum includes the zero tolerance policy for sexual abuse and sexual harassment, responsibilities regarding prevention, detection, reporting and response to sexual abuse and sexual harassment, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in juvenile facilities, common reactions of juvenile victims of sexual abuse and sexual harassment, how to distinguish between sexual abuse and consensual sexual contact between residents, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTIQ residents, mandatory reporting laws and laws regarding age of consent.

All training is tailored to meet the needs of the juvenile population in the facility. All training is documented and placed in the employee training file. Staff receive comprehensive training ever two years and refresher training annually.

The auditor interviewed 7 male staff members and 4 female staff members. The staff interviewed most had been employed more than ten years and a few less than a year. All staff were very knowledgeable about PREA and indicated they had all received comprehensive training on the requirements set forth in the standard. Staff explained the zero tolerance policy regarding sexual abuse and sexual harassment of residents in detention. They detailed their duties regarding detecting, responding and preventing sexual abuse and sexual harassment of residents in detention. Staff discussed how to avoid developing

inappropriate relationships with residents and red flags that would alert staff of inappropriate behavior of other staff members and residents. They discussed the resident's right to be free from sexual abuse, sexual harassment and retaliation for reporting abuse or cooperating with investigators. Staff explained the dynamics of sexual abuse and sexual harassment in a confinement setting, common reactions of juveniles who are sexual abused or harassed. They understood their duties to respond immediately to residents who are in imminent danger or being sexually abused. They discussed the training they received on how to effectively communicate with LGBTIQ residents and how to do cross gender pat-down searches of transgender in the event of an emergency. All staff indicated they had not conducted a cross gender pat-down search since being employed at the facility. Staff detailed their duties as mandatory reporters and the law regarding age of consent. Staff were very knowledgeable regarding their duties as a first responder.

The auditor relied on information presented in the facility's policy and procedures, Written Intuitional Plan, staff training curriculum, Staff Acknowledgment of Receipt of PREA training, staff annual training records, interviews with staff, Compliance Officer, Detention Director, Court Administrator/PREA Coordinator and PREA Manager to determine if the facility met the requirements set forth in the standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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? x Yes ☐ No

115.332 (b)

- 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)? x Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? x Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy and procedure require all volunteers/interns/contractors receive PREA training based on their level of contact with residents. Volunteer/Intern/Contractor training includes the zero tolerance policy for sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment and the duties of a non-security personnel first responder as well as other information needed for their level of contact with residents.

Volunteers/Interns/Contractors are provided a manual explaining all the rules and regulations of the facility including the mandates related to PREA. Volunteer/Intern/Contractor training covers many topics not required by the standard and is similar to the training provided to line staff.

The auditor relied on facility policy and procedure, Written Institutional Plan, volunteer training materials, Volunteer Acknowledgment of PREA Receipt, Volunteer Handbook, interviews with Compliance Officer, volunteer and Detention Director to determine if the facility met the criteria set forth in the standards.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? x Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? x Yes ☐ No
- Is this information presented in an age-appropriate fashion? x Yes ☐ No

115.333 (b)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.333 (c)

- Have all residents received such education? x Yes ☐ No
- 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?
x Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? x Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? x Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? x Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? x Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? x Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
x Yes ☐ No

115.333 (f)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility that all residents receive information explaining the facility's zero tolerance policy for sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 72 hours residents receive a more comprehensive training on their right to be free from sexual abuse and sexual harassment as well as be free from retaliation for reporting such incidents regarding agency policy and procedures for responding to such incidents.

Training is age appropriate and can be provided to the deaf through court approved interpreters as well as residents who are not proficient in English; staff will read and explain all materials to visually impaired residents and residents who have difficulty reading and understanding the information. This specialized training will be conducted on a one-on-one basis to ensure the resident understands the information being provided.

The auditor interviewed 12 males and 3 females during the on-site visit. All residents were aware of their right to be free from sexual abuse and sexual harassment. Residents explained the ways they could report sexual abuse and sexual harassment both internally and externally. Residents told the auditor they were able to contact their attorney if they chose to by phone or letter and were allowed to make weekly phone calls to their legal guardian. Residents also indicated they were given weekly access to visitation with their legal guardian. Residents stated they received a brief explanation of PREA during the intake process and were given materials related to preventing and reporting sexual abuse and sexual harassment. They indicated they received a more comprehensive explanation of PREA within 3 days of their detention. Residents stated they would feel comfortable to tell a staff member if they were being sexually abused or sexually harassed. All resident expressed they felt safe in the facility. They expressed they felt staff gave them as much privacy as possible in a confinement situation. They stated that since their detention all pat-down and strip searches were conducted by members of the same sex. At no time did any resident indicate any form of search by a member of the opposite sex. The residents interviewed stated that members of the opposite sex would knock and announce their presence if they came in the living area but this was very infrequent.

The auditor relied on a review of the facility's policy and procedures, Written Institutional Plan, Intake PREA training materials, comprehensive PREA training materials, Resident Acknowledgment of PREA training, Resident Handbook, interviews with residents, staff, Detention Director, Compliance Officer, Court Administrator/PREA Coordinator, PREA Manager and supervisors to determine if the facility met the requirements set forth in the standard.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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).] x Yes ☐ No ☐ NA

115.334 (b)

- 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).] x Yes ☐ No ☐ NA
- 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).] x Yes ☐ No ☐ NA
- 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).] x Yes ☐ No ☐ NA
- 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).] x Yes ☐ No ☐ NA

115.334 (c)

- 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).] xYes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility employs 4 trained administrative investigators. These staff members were trained by the Alabama Department of Corrections in investigating sexual abuse allegations in confinement settings, proper interviewing techniques for juvenile victims of sexual abuse, the proper use of Garrity Warnings and Miranda Warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All training is documented and placed in the employees training file.

All criminal investigations are conducted by the Montgomery County Sheriff's Department. The Child Protect Child Advocacy Center provides counseling to victims of sexual abuse. The Department of Human Resources, Sheriff's Department Investigators, the District Attorney Assigned to Sex Crimes and staff of the Child Advocacy Center work together to determine if a case meets the criteria for prosecution.

The auditor relied on a review of the facility policy and procedure, Written Intuitional Plan, employee training files, training curriculum provided by the Alabama Department of Corrections, Agreement with Montgomery County Sheriff's Department, MOU with Child Advocacy Center, interviews with investigative staff, Detention Director, Compliance Officer, Court Administrator/PREA Coordinator and PREA Manager to determine if the facility met the requirements set forth in the standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.335 (b)

- 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.) ☐ Yes ☐ No x NA

115.335 (c)

- 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?
x Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? x Yes ☐ No
- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility that mental health and medical staff receive training on how to detect and assess the signs sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively to juveniles who have been sexually abused or sexually harassed and how to report allegations of sexual abuse and sexual harassment.

Medical and mental health staff receive training annually along with line staff and volunteers/interns/contractors. The training received addresses all the requirements of the standard.

Medical staff do not conduct the forensic examination of residents who allege sexual abuse. All forensic examinations are conducted by the Lighthouse Counseling Inc. (Standing Together Against Rape).

The auditor relied on facility policy and procedure, Written Institutional Plan, Mental Health and medical staff training records, Training material provided to medical and mental health staff, MOU with Lighthouse Counseling Inc., interviews with mental health and medical staff, Compliance Officer, Detention Director, Court Administrator/PREA Coordinator, and PREA Manager to determine if the facility met the criteria set forth in the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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? x Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement?
x Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?
x Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? x Yes ☐ No
- 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? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? x Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? x Yes ☐ No
- 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? x Yes ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? x Yes ☐ No
- Is this information ascertained: During classification assessments? x Yes ☐ No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? x Yes ☐ No

115.341 (e)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility that upon a residents arrival to the facility information is obtained through the use of an objective screening instrument factors which may indicate the resident is a risk for sexual victimization or has engaged in sexually aggressive behavior in the past. The screening instrument takes into account a resident's age, physical build, physical disabilities, emotional and cognitive development, mental illness diagnoses, intellectual development, identification as LGBTIQ, resident concerns about safety, previous charges, and previous sexual abuse in the community. All these factors are taken into consideration in making housing and programming decisions.

Residents who indicated previous sexual abuse or engaging in aggressive/abusive in the past are referred to a member of the mental health staff for further evaluation. Recommendations are made for the best housing and programming needs to meet the resident's needs.

All residents are seen by medical staff within 24 hour of arrival to the facility. Medical staff conduct a health assessment of each resident at that time. All medical information is stored in the clinic.

All sensitive information is stored in the resident file and disseminated on a need-to-know basis for housing and management purposes.

The auditor relied on a review of facility policy and procedure, Written Institutional Plan, Screening Instrument for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization, Health Screening Form, Admission Form, Request for Psychological Assessment, Court Therapist Recommendation, Procedures for Special Management, Resident Acknowledgement of PREA Receipt Form, Staff PREA Acknowledgement Form, Security of Sensitive Behavior Procedure, interviews with residents, resident who identified as lesbian, staff, mental health and medical staff, intake staff, Detention Director, Compliance Officer, Court Administrator/PREA Coordinator, PREA Manager, and supervisors to determine if the facility met the criteria set forth in the standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.342 (b)

- 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? x Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? x Yes ☐ No

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? x Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? x Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? x Yes ☐ No

115.342 (c)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.342 (d)

- 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)? x Yes ☐ No
- 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? x Yes ☐ No

115.342 (e)

- 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? x Yes ☐ No

115.342 (f)

- 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? x Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? x Yes ☐ No

115.342 (h)

- 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?) x Yes ☐ No ☐ 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?) x Yes ☐ No ☐ NA

115.342 (i)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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It is the policy of the facility that upon arrival all residents are screened for risk of sexual victimization and sexually aggressive behavior tendencies. The information obtained is used to make housing and programming decisions that will promote the safety of all residents and staff in the facility. Housing decisions are made to meet the needs of the resident and ensure his/her safety. The screening instrument

used is objective and provides the information needed to make informed housing and programming decisions for each resident. If a resident indicates he/she has been a victim of abuse or has engaged in abusive behavior in the past, the resident is referred to a member of the mental health staff for further evaluation. All residents are seen by medical staff within 24 hours of their arrival at the facility. All sensitive information is secured to ensure it is not used to exploit the resident. This information is provided on a need-to-know basis when making housing and management decisions.

Residents are put on isolation as a last resort when all less restrictive measures have been explored but found to be inadequate in keeping the resident or other residents safe. Residents placed on isolation are seen by medical or mental health staff daily. Residents are also provided necessary daily programming including educational services and large muscle activity. Isolation is reevaluated every 30 days.

Policy prohibits special housing units for LGBTIQ residents. Housing for transgender and intersex residents are made on a case-by-case basis taking into consideration how the resident views his/her safety in the facility as well as the management of the facility to ensure safety and security.

The auditor relied on the policy and procedures of the facility, Written Institutional Plan, Screening Instrument for Assaultive Sexually Aggressive Behavior and Risk of Sexual Victimization, Health Screening Form, Admission Form, Request for Psychological Assessment, Court Therapist Recommendations, Procedures for Special Management, Resident and Staff Receipt of PREA Training, interviews with staff, residents, resident who identified as lesbian, Director of Detention, Compliance Officer, Court Administrator/PREA Coordinator, PREA Manager, mental health and medical staff, and supervisors to determine if the facility met the criteria set forth in the standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? x Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? x Yes ☐ No
- 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? x Yes ☐ No

115.351 (b)

- 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? x Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? x Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? x Yes ☐ No
- 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? x Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? x Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? x Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? x Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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It is the policy of the facility that residents have many avenues available to report sexual abuse and sexual harassment. These avenues include internal and external reporting options.

Residents may tell a trusted staff member, teacher or volunteer who will immediately notify the supervisor on duty or the Compliance Officer. Residents may also submit a grievance to the administrative staff or have a third party report for them.

Residents are allowed to call the Alabama Department of Youth Services PREA Hotline to report allegations of sexual abuse and/or sexual harassment and retaliation. Once a complaint is made on the Hotline the information is forwarded by the State PREA Coordinator to the Director of the facility so the allegation can be investigated. All callers may remain anonymous if they chose to. Staff may also use the PREA Hotline to report allegations of sexual abuse or sexual harassment of a resident. Staff may also report retaliation against residents or staff who made allegations or who are cooperating with investigations.

Residents held solely for immigration purposes will be provided the contact information to their official consular and the Department of Homeland Security to report sexual abuse or sexual harassment in the facility.

The auditor relied on the facility policy and procedures, Written Intentional Plan, Resident Handbook, Receipt of PREA Training Form for Staff and Residents, Resident Orientation Information, Staff Training Information, Posters throughout the facility, Grievance procedure, interviews with staff, residents, Detention Director, Court Administrator/PREA Coordinator, PREA Manager, Compliance Officer, teachers, cafeteria staff, and supervisors to determine if the facility meets the criteria set forth in the standard.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 ☒ No ☐ NA

115.352 (b)

- 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 ☐ No ☐ NA

- Does the agency always refrain from requiring a 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.) x Yes ☐ No ☐ NA

115.352 (c)

- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

115.352 (d)

- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

115.352 (e)

- 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.) x Yes ☐ No ☐ NA
- 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.) x ☐ Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x Yes ☐ No ☐ NA
- 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.)
x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- 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.)
x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA
- 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.) x Yes ☐ No ☐ NA

115.352 (g)

- 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Facility policy and procedure dictates that all residents may file a grievance as well as third parties. The resident may give any grievance form to the supervisor on duty, Compliance officer, Detention Director or other staff member on duty. Residents may request to see the Compliance Officer or Detention Director if the grievance involves the supervisor on duty or they feel the grievance will not be forwarded to them by staff.

There is no time limit on when a resident must submit a grievance regarding sexual abuse or sexual harassment. Residents do not have to attempt to resolve the grievance with the staff member who is involved in grievance. The grievance will not be referred to a staff member who is the subject of the grievance.

The Compliance Officer or Director of Detention will issue a decision within 72 hours of receiving the grievance. If the grievance requires immediate attention the supervisor on duty will notify the Compliance Officer or Detention Director for instructions to address the grievance.

Third parties may also assist resident in submitting a grievance relating to sexual abuse while detained or imminent danger of being sexually abused. All third party grievances submitted except those submitted by a legal guardian will be verified by the resident named in the grievance. If the resident denies the allegations made in the grievance no further action will be taken at that time. Any grievance made by the legal guardian or attorney will be investigated for merit.

Residents and legal guardians may appeal a decision made by the Compliance Officer or Detention Director and will receive an answer to the appeal within 5 days.

The grievance process is outlined in the resident handbook.

The auditor relied on facility policy and procedure, Written Institutional Plan, Resident Handbook, Resident Receipt of PREA Form, interviews with staff, residents, Detention Director, Compliance Officer, Court Administrator/PREA Coordinator, PREA Manager, and supervisors to determine if the facility met the criteria set forth in the standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? x Yes ☐ No
- 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? x Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? x Yes ☐ No

115.353 (b)

- 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? x Yes ☐ No

115.353 (c)

- 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? x Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? x Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? x Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians?
x Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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It is the policy of the facility that residents be provided with advocates to provide emotional support regarding sexual abuse and harassment, have access to the attorneys and legal guardians.

Residents are allowed to call the Rape Crisis Center Hotline at any time. Residents are notified that the all Rape Crisis Center calls are confidential and not recorded. They are also advised that information they provide to the Rape Crisis Center Hotline will not be shared with the facility. The facility also employs trained advocates to work with any residents who request emotional support in dealing with sexual abuse or harassment.

Residents have access to the attorneys through a variety of ways. Staff will make calls to resident attorney upon request. Residents may speak to their attorneys by phone or in person. Residents are also allowed to write confidential letters at any time to the attorneys.

Residents are allowed access to their legal guardians through weekly phone calls and visitation.

Residents held solely for immigration purposes are provide toll free numbers and mailing address to their consulate and immigration services. They area also given access to their attorney and interpreters provided by the court.

The auditor relied on facility policy and procedures, Written Institutional Plan, Protection from Harm Pamphlet, Resident Handbook, posters throughout the facility, interviews with staff, residents, Detention Director, Court Administrator/PREA Coordinator, and supervisors to determine if the facility met the criteria of the standard.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- x **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that third party reports of sexual abuse or sexual harassment of resident be accepted. Information regarding third party reporting is posted throughout the facility (intake, visitation area, court waiting area and resident living areas). Third parties can report to attorneys, probation staff, teachers, facility personnel or by using the Alabama Department of Youth Services PREA Hotline. These numbers are posted in all public areas of the facility as well as resident living areas.

The auditor relied on facility policy and procedures, Written Institutional Plan, Protection from Harm Pamphlet, Parent Handbook, Posters located throughout the facility, interviews with staff, residents, probation staff, teachers, cafeteria staff, supervisors, Detention Director, Court Administrator/PREA Coordinator, PREA Manager, and supervisors to determine if the facility met the requirements of the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? x Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? x Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? x Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? x Yes ☐ No

115.361 (c)

- 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? x Yes ☐ No

115.361 (d)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? x Yes ☐ No
- 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? x Yes ☐ No
- 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.) x Yes ☐ No ☐ NA
- 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? x Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that all allegations of sexual abuse and sexual harassment be reported by staff for investigation. All facility staff are mandatory reporters and as such must report any allegation of abuse made by a resident, any abuse they may observe, have a suspicion of or have knowledge of, to the Alabama Department of Human Resources for investigation. Staff shall also notify the PREA Manager, Compliance Officer or Detention Director of any retaliation that may be taking place in the facility. Staff are not allowed to discuss any of the information regarding sexual abuse allegations to anyone other than investigators and administrative staff to make security and management decisions.

Medical and mental health staff are also mandatory reporters. This information is provided to the juvenile.

Allegations of sexual abuse of a resident will be reported to the parent of the juvenile involved. If the child is a ward of the State the information will be reported to the juvenile's social worker. The information will also be reported to the juvenile's attorney after 14 days if the juvenile court retains jurisdiction over the juvenile.

All allegations of sexual abuse of a juvenile including third party reports are reported to the Montgomery County Sheriff's Department, the Alabama Department of Human Resources, the Alabama Department of Youth Services and administrative investigators.

The auditor relied on the facility's policy and procedures, Written Institutional Plan, Receipt of PREA Training for Staff, PREA training curriculum, interviews with staff, Detention Director, Court

Administrator/PREA Coordinator, PREA Manager, Compliance Officer, investigative staff, and supervisors to determine if the facility met the criteria of the standard.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that staff will take immediate action if they believe a resident is in a substantial risk of imminent sexual abuse. This resident may be moved to another living unit or placed in temporary isolation until arrangements can be made for his/her safety.

Staff are very knowledgeable of their duties and responsibilities in regards to acting immediately if any resident is a substantial risk of sexual abuse.

The auditor relied on the facility's policy and procedures, Written Institutional Plan, Montgomery County Special Management Form, interviews with staff, Detention Director, PREA Coordinator, PREA Manager, Compliance Officer and supervisors to determine if the facility met the criteria in this standard.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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? x Yes ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? x Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? x Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? x Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that if a juvenile alleges sexual abuse while confined in another facility the Detention Director will notify the head of the facility where the alleged abuse occurred and will also notify the appropriate investigative agency. This notification will be provided and documented no later than 72 hours after the allegation was received. The Detention Director will ensure that the allegation will be investigated in accordance with PREA Standards. The outcome of the investigation will be provided to the Montgomery Youth Facility Detention Director.

The auditor relied on facility policy and procedure, Written Institutional Plan, interview with Detention Director, Court Administrator/PREA Coordinator, PREA Manager, supervisors, staff and Compliance Officer to determine if the facility met the criteria for this standard.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.364 (b)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility that the first responders who are security staff will separate the alleged victim from the alleged perpetrator, secure the scene to preserve all evidence, and ensure both individuals do not engage in behavior that would destroy evidence.

Non-security staff members who are the first to become aware of an allegation of sexual abuse will ensure the alleged victim and alleged perpetrator do not engage in activities that will destroy evidence and immediately notify a detention staff member to secure the residents involved.

The auditor relied on facility policy and procedure, Written Institutional Plan, staff receipt of PREA training, Montgomery County Youth Facility First Responder Checklist, Montgomery County Youth Facility First Responder Guidelines for Sexual Assault, interviews with staff, Detention Director, Court Administrator/PREA Coordinator, PREA Manager, Supervisors, Compliance Officer, cafeteria staff, teachers, mental health and medical staff to determine if the facility met the criteria set forth in this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility has a Written Intuitional Plan for addressing sexual abuse and sexual harassment of residents. The Plan coordinates the duties of first responders, medical and mental health staff, investigative staff and administration in response to an incident of sexual abuse.

The Child Protect Child Advocacy Center serves as the hub for the coordinated response outside the facility. The Advocacy Center works with in-house counselors, investigators, DHR staff, and assigned district attorneys to determine if the allegation of abuse will be prosecuted.

The auditor relied on the facility's policy and procedure, Written Intuitional Plan, interviews with staff, investigative staff, mental health and medical staff, Detention Director, Court Administrator, PREA Coordinator, PREA Manager, Compliance Officer, and supervisors to determine if the facility met the criteria of this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 ☒ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility does not enter into any collective bargaining agreements. All employees of the Montgomery County Youth Facility are merit system employees of the Montgomery County Personnel Board who may be placed on administrative leave pending the outcome of any investigation. Employees can be terminated for cause.

The auditor relied on discussions with the Detention Director, Court Administrator, PREA Coordinator, PREA Manager, and Compliance Officer to determine if the facility met the criteria of this standard.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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? x Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? x Yes ☐ No

115.367 (b)

- 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? x Yes ☐ No

115.367 (c)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? x Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
x Yes ☐ No

115.367 (e)

- 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?
x Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility that any resident or staff member who attempts to retaliate against another resident or staff member because they made an allegation or are cooperating with investigators will be subject to disciplinary action. The facility has assigned the PREA Manager with the task of monitoring all forms of retaliation. This monitoring is done through the use of unannounced rounds, monitoring disciplinary action against residents and staff, monitoring grievances, monitoring staff evaluations, monitoring the resident level system and the culture of the facility. The PREA Manager will continue to monitor for retaliation for no less than 90 days.

The auditor relied on facility policy and procedures, Written Intuitional Plan, log book entries, log of unannounced rounds to housing units, training material for staff, training material for residents, PREA Receipt forms for residents and staff, interviews with staff, residents, Detention Director, Court Administrator, PREA Coordinator, PREA Manager, Supervisors and Compliance Officer to determine if the facility met the criteria of this standard.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility policy and procedure dictates that no resident will be placed in isolation unless all means have been exhausted to protect the resident, other residents and maintain the safety and security of the facility. There are many options in the facility to move residents to areas away from alleged perpetrators so that there is no contact. If all other alternative methods fail a report is submitted to the Court Administrator detailing the reasons for the isolation and the alternative methods that were not feasible and why. Any resident who is placed on isolation shall receive normal programming including educational service, large muscle activity and religious services as well as daily visits from mental health staff and medical staff.

The auditor relied on facility policy and procedures, Written Institutional Plan, interview with Detention Director, Court Administrator, Compliance Officer, PREA Coordinator, PREA Manager, supervisors, mental health staff, and medical staff to determine if the facility met the criteria of this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] x Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] x Yes ☐ No ☐ NA

115.371 (b)

- 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? x Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☐ Yes x No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
x Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? x Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? x Yes ☐ No

115.371 (e)

- 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? x Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
x Yes ☐ No
- 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? x Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x Yes ☐ No
- 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? x Yes ☐ No

115.371 (h)

- 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? x Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? x Yes ☐ No

115.371 (j)

- 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? x Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? x Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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).) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Montgomery County Sheriff's Department is responsible for all criminal investigations into allegations of sexual abuse of residents in the facility. The facility itself conducts administrative investigation into all allegations of sexual abuse and sexual harassment. Administrative investigations are done by trained facility investigators. No investigation is terminated based solely because the source recants the allegation and no resident who alleges abuse shall be required to submit to a polygraph as a condition for proceeding with the investigation. Credibility will not be based on a person's status as resident or staff. Policy requires administrative investigations to determine if staff actions or inactions contributed to the abuse. A written report of all administrative investigations findings is submitted once concluded. The facility is not responsible for the collection of evidence, however policy dictates that staff ensure evidence is preserved and undisturbed until law enforcement arrives and takes control of the scene.

The Montgomery County Sheriff's Department will keep the facility notified as the investigation progresses as it is possible not to harm the case as it moves forward. The Sheriff's Department will turn their findings over to the prosecutor through coordinated resources with the Child Protect Child Advocacy Center to determine if the case will be prosecuted. The Montgomery County Youth Facility will work with the Sheriff's Department and cooperate fully in the investigation. At no time will the investigation be terminated due to the termination or resignation of an employee or release of an alleged perpetrator.

The auditor relied on facility policy and procedures, Written Institutional Plan, Agreement with Montgomery County Sheriff's Department, certificates of staff trained to conduct administrative investigations, interviews with staff, Detention Director, Court Administrator, investigative staff, Compliance Officer, PREA Coordinator, PREA Manager and supervisors to determine if the facility meets the criteria in this standard.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X** **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The auditor relied on facility policy and procedure, Written Institutional Plan, interviews with Detention Director, Court Administrator, investigative staff, PREA Coordinator, Compliance Officer, and PREA Manager to determine if the facility met the criteria for this standard.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? x Yes ☐ No

115.373 (b)

- 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.) x Yes ☐ No ☐ NA

115.373 (c)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.373 (d)

- 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?
x Yes ☐ No
- 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?
x Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? x Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the facility to notify a resident regarding the findings of the investigation whether it is substantiated, unsubstantiated or unfounded. If the investigation is conducted by law enforcement personnel the Montgomery Youth Facility will request relevant information in order to inform the resident about the status of the investigation. In cases where the resident alleges a staff member committed sexual abuse against them the facility will notify the resident of the following unless the allegation is deemed unfounded: if the staff member is no longer posted within the resident's living area, the staff member is no longer employed at the facility or the facility learns the staff member has been convicted or indicted on a charge related to sexual abuse within the facility.

If a resident alleges sexual abuse by a fellow resident the facility will notify the resident of the following unless the allegation is deemed unfounded: if the alleged perpetrator has been indicted or convicted of a charge related to sexual abuse within the facility.

Notifications are made unless the resident is no longer in the facility or the allegation is deemed to be unfounded. Notifications are made on the "PREA Resident Notification Form".

The auditor relied on the facility's policies and procedures, the Written Institutional Plan, Process for Investigating Sexual Assault Allegations flowchart, Investigation Packet, Resident Notification Form, interviews with staff, residents, Detention Director, Court Administrator, Compliance Officer, PREA Coordinator, PREA Manager, and Supervisors to determine if the facility met the criteria to comply with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? x Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? x Yes ☐ No

115.376 (c)

- 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? x Yes ☐ No

115.376 (d)

- 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)? x Yes ☐ No
- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and procedure dictate that staff shall be subject to disciplinary action up to and including termination for sexual abuse or sexual harassment of residents. Staff who engage in sexual abuse shall be terminated. All terminations for violations of agency policies and procedures regarding sexual abuse will be turned over to law enforcement and the Alabama Department of Human Resources for investigation. Staff who resign before they can be terminated for sexual activity with residents will also be turned over to law enforcement and the Alabama Department of Human Resources for investigation. The Alabama Department of Youth Services will also be notified of all staff terminations/resignations for sexual abuse of residents of the facility

Disciplinary sanctions for violations of policy and procedure related to sexual abuse and sexual harassment other than engaging in sexual abuse will be commensurate with the nature and circumstance of the acts committed, the staff disciplinary history, and sanctions imposed for comparable offenses by staff with similar histories.

The auditor relied on facility policies and procedures, the Written Institutional Plan, employee training information, employee PREA training information, discussions with staff, Detention Director, Court

Administrator, Compliance Officer, Supervisors, PREA Coordinator, PREA Manager, and investigative staff to determine if the facility met the criteria for this standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? x Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? x Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? xYes ☐ No

115.377 (b)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility policy and training dictate that any volunteer/intern/contractor who engages in sexual abuse or sexual harassment of a resident will be prohibited from any contact with the facility. Volunteers/interns/contractors who are to have allegedly engaged in any sexual activity will be reported to the Alabama Department of Human Resources and law enforcement for investigation. The Alabama Department of Youth Services who licenses all detention centers in Alabama will also be contacted.

Volunteers/interns/contractors undergo criminal background checks and receive PREA training before they have contact with facility residents. Volunteers/interns/contractors also receive a handbook listing the policy and procedures related to acceptable behavior in the facility.

The auditor relied on a review of the policies and procedures of the facility, the Written Institutional Plan, volunteer handbook, background checks, PREA volunteer training forms, interviews with Detention Director, staff, volunteers, residents, PREA Manager, PREA Coordinator, Compliance Officer, and supervisors to determine if the facility meet the criteria of the standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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? x Yes ☐ No

115.378 (b)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? x Yes ☐ No

115.378 (d)

- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.378 (e)

- 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? x Yes ☐ No

115.378 (f)

- 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? x Yes ☐ No

115.378 (g)

- 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.)
x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents are subject to disciplinary sanctions if they are found to have engaged in form of juvenile on juvenile sexual activity and sexual activity with a staff member if the sexual activity was against the staff members will. Policy forbids any resident from receiving disciplinary action for sexual activity

with a staff member unless that activity was against the staff members will. The sanctions for juvenile on juvenile sexual abuse will be more severe than that of consensual sexual activities between juveniles. Any form of sexual activity is prohibited by the facility.

All factors listed in the standard are taken into consideration when determining the level of disciplinary action for the offence. Policy states that no resident who make a “good faith” allegation of sexual abuse or sexual harassment will be punished for lying or making a false allegation.

Residents who are receiving isolation are monitored by medical and mental health staff daily. Both administration and the PREA Manager ensure that any resident placed on isolation receives one hour of large muscle activity each day and two hours on weekends and holidays. Isolation residents also receive educational services and other programming afforded other residents.

Mental health staff will make recommendations to the administrative team to the best options available for services for residents are sexually aggressive/assaultive. Administrative staff will determine the best course of action to ensure the safety of all residents at the facility and attempt to redirect any sexually inappropriate behavior.

The auditor relied on policy and procedure, the Written Institutional Plan, Resident Handbook, Resident Disciplinary Reports, Investigation Outcome, interview with random staff, residents, Director of Detention, Investigative Staff, mental health staff, medical staff, PREA Manager, PREA Supervisor and Supervisors to determine if the facility met the criteria of the standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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? x Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? x Yes ☐ No

115.381 (c)

- 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?
x Yes ☐ No

115.381 (d)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents are screened within 24 hours of admission to the facility to determine their risk for sexual victimization or sexually aggressive behavior. Residents are asked questions including information regarding prior victimization or sexually aggressive behavior, LGBTIQ identification, gender, age, mental development status, etc. If a resident indicates he/she was a victim of prior sexual victimization whether in a confinement situation or in the community a referral is made to the facility mental health staff as well as if a resident indicates prior acts of sexual aggression on others. Mental health staff meet with the resident to determine the current needs of the child and recommendations to increase the sexual safety of all residents in the facility. Medical screenings are conducted on all residents within 24 hours of admission to the facility. Medical staff are informed of residents who indicated prior sexual victimization or sexual aggression. All residents who allege prior sexual victimization are notified that the information will be investigated to insure it was previously reported. Allegations which were not previously reported are forwarded to the Alabama Department of Human Services for investigation. Medical and mental health services are provided to those residents who indicate previous victimization whether sexual or physical. All staff are mandatory reporters and understand their duties as such.

Information related to sexual victimization or sexually aggressive behavior are limited to mental health, medical staff, administrative staff and on a need-to-know basis for all other staff members to protect the resident.

The auditor relied on a review of policy and procedure, the Written Institutional Plan, Intake Screening Form, Health Screening Form, Screening form for Assaultive Behavior, Aggressive Behavior, and Risk for Sexual Victimization, Staff Receipt of PREA Training, mental health referrals, Child Abuse and Neglect Reporting forms, interviews with line staff, residents, mental health staff, medical staff, administration, supervisors, PREA Coordinator, and PREA Manager to determine if the facility met the criteria for this standard. The facility exceeds the criteria set forth in the standard by ensuring all residents are referred to mental health and medical staff if they indicate in form or prior victimization of if they exhibited any form of sexual violence in the past.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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? x Yes ☐ No

115.382 (b)

- 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? x Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? x Yes ☐ No

115.382 (c)

- 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? x Yes ☐ No

115.382 (d)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provides medical and mental health care for all residents who allege being sexually assaulted while in detention as well as those who allege sexual abuse while in the community. First Responders insure residents who allege sexual assault while in detention receive medical attention immediately. First Responders also ensure that both the alleged victim and perpetrator are separated and evidence is preserved.

Residents who allege sexual assault while detained are transported to the Lighthouse Counseling Center (Standing Against Rape) to have a sexual assault kit collected by a SANE certified nurse. Medical prophylaxis for sexually transmitted diseases are provided at no charge to the resident by the Lighthouse and/or emergency room. Facility medical staff will also monitor the resident for any medical issues related to the alleged assault as well a pregnancy testing for female residents. If a female resident were to become pregnant from a sexual assault while detained all services available to her would be provided. The level of care is equal to or greater than that of the community.

Residents who allege sexual assault will also receive mental health services from the Child Protect Children's Advocacy Center. The Advocacy Center will also provide coordinated services for the resident acting as the hub for DHR, District Attorney's Office, and Criminal Investigators and mental health professionals in directing through the criminal justice system. Mental health services are also available to residents by facility mental health practitioners.

All medical and mental health services are provided to the resident whether they name their alleged attacker or not.

The auditor relied on policy and procedure, the Written Institutional Plan, referrals and reports from the facility medical and mental health staff, MOU from Child Protect Child Advocacy Center, MOU with Lighthouse Counseling (Standing Together Against Rape), interviews with medical and mental health staff, line staff, Detention Director, PREA Coordinator, PREA Manager, and advocacy trained staff to determine if the facility met the criteria of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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? x Yes ☐ No

115.383 (b)

- 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? x Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? x Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) x Yes ☐ No ☐ NA

115.383 (e)

- 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.) x Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? x Yes ☐ No

115.383 (g)

- 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? x Yes ☐ No

115.383 (h)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provides medical and mental health care for all residents who allege being sexually assaulted as well as those who allege sexual abuse while in the community. Residents who allege sexual assault while detained are transported to the Lighthouse Counseling Center (Standing Against Rape) to have a sexual assault kit collected by a SANE certified nurse. Medical prophylaxis for sexually transmitted diseases are provided at no charge to the resident. Facility medical staff will also monitor the resident for any medical issues related to the alleged assault as well a pregnancy testing for female residents. If a female resident were to become pregnant from a sexual assault while detained all services available to her would be provided. The level of care is equal to or greater than that of the community.

Residents who allege sexual assault will also receive mental health services from the Child Protect Children's Advocacy Center. The Advocacy Center will also provide coordinated services for the resident acting as the hub for DHR, District Attorney's Office, and Criminal Investigators and mental health professionals in directing through the criminal justice system. Mental health services are also available to residents by facility mental health practitioners.

All medical and mental health services are provided to the resident whether they name their alleged attacker or not.

The auditor relied on policy and procedure, the Written Institutional Plan, referrals and reports from the facility medical and mental health staff, MOU from Child Protect Child Advocacy Center, MOU with Lighthouse Counseling (Standing Together Against Rape), interviews with medical and mental health staff, line staff, Detention Director, PREA Coordinator, PREA Manager, and advocacy trained staff to determine if the facility met the criteria of the standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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? x Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? x Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? x Yes ☐ No

115.386 (d)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? x Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? x Yes ☐ No
- 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? x Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a Sexual Assault Response Team which is made up of upper-level management, line supervisors, probation staff, medical staff, mental health staff, first responders, the PREA Coordinator and PREA Manager. Sexual abuse incident reviews are conducted at the conclusion of every allegation no matter the finding. Reviews are done well within the 30 day time period required by the standard. The team reviews the investigative information provided to determine if policy changes are warranted to enhance the prevention, detection, or response to sexual victimization and sexual harassment in the facility. The team also takes into consideration if the incident or allegation was motivated by race, ethnicity, gender, LGBTIQ perceived status, gang affiliation, or other issues related to group dynamics in the facility. The team examines the areas where the incident allegedly occurred to assess the part physical barriers could have played in the assault. Other factors taken into consideration by the group include staffing levels and the use of closed circuit monitoring technology available at the time of the alleged incident.

The SART Team makes recommendations based on the information available to them to the facility administrator. The information is reviewed and steps are taken to implement the recommendations suggested by the SART Team or written reasons why the recommendations are not being put in place are forwarded to the governing authority.

The auditor relied on a review of written policy and procedure, the Written Intuitional Plan, meeting minutes, incident reports, log book entries, administrative investigation records, interviews with Detention Director, PREA Coordinator, PREA Manager, mental health staff, medical staff, line staff, supervisory staff and the Court Administrator in determining compliance with this standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- 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.) ☐ Yes ☐ No ☒ NA

115.387 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information obtained through the Survey of Sexual Victimization as well as in-house investigations and reports are used to obtain the aggregate data for the annual report. The facility uses this information to compare data from previous years to determine if current strategies are effective in combating sexual abuse and sexual harassment in the facility. This information is also used to enhance training and policy implementation.

The facility has no website. The facility provides public access of all PREA Reports, Investigative Policy and the Annual Report of aggregated data available to the public through a request to the facility administrator and/or director at any time.

Information used to compose the annual report is kept by the PREA Coordinator in a secure file cabinet. The information is kept for at least 10 years before being destroyed. All identifiers are removed before the annual report is published to ensure the privacy of residents.

The Survey of Sexual Victimization is submitted annually to the Department of Justice by the facility. The facility does not contract with any other facility to house its residents.

Public access to all reports is lined out in the policy and Written Institutional Manual. This decision was based on all written information previously mentioned, SSV as well as discussion with administrative staff.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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? x Yes ☐ No
- 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? x Yes ☐ No
- 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? x Yes ☐ No

115.388 (b)

- 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 x Yes ☐ No

115.388 (c)

- 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? x Yes ☐ No

115.388 (d)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information obtained through the Survey of Sexual Victimization as well as in-house investigations and reports are used to obtain the aggregate data for the annual report. The facility uses this information to compare data from previous years to determine if current strategies are effective in combating sexual abuse and sexual harassment in the facility. This information is also used to enhance training and policy implementation.

The facility has no website. The facility provides public access of all PREA Reports, Investigative Policy and the Annual Report of aggregated data available to the public through a request to the facility administrator and/or director at any time.

Information used to compose the annual report is kept by the PREA Coordinator in a secure file cabinet. The information is kept for at least 10 years before being destroyed. All identifiers are removed before the annual report is published to ensure the privacy of residents.

Public access to all reports is lined out in the policy and Written Institutional Manual. This decision was based on all written information previously mentioned as well as discussion with administrative staff.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
x Yes ☐ No

115.389 (b)

- 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? x Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? x Yes ☐ No

115.389 (d)

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- x **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has no website. The facility provides public access of all PREA Reports, Investigative Policy and the Annual Report of aggregated data available to the public through a request to the facility administrator and/or director at any time.

Information used to compose the annual report is kept by the PREA Coordinator in a secure file cabinet. The information is kept for at least 10 years before being destroyed. All identifiers are removed before the annual report is published to ensure the privacy of residents.

Public access to all reports is lined out in the policy and Written Institutional Manual. This decision was based on all written information previously mentioned as well as discussion with administrative staff.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.*) x Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) x Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No x NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No x NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
x Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? x Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
x Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? x Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the second PREA Audit conducted at the Montgomery Youth Facility. The first audit took place in 2015 and all standards were met or exceeded. The facility and its administration is very dedicated to preventing any form of sexual assault or harassment of residents.

The auditor was given complete access to residents, medical staff, closed circuit camera recordings, administrative and line staff as well as all written records. The facility provided an area where all interviews could be conducted in private and all interviewed felt free to answer all questions that were asked.

Residents were permitted the opportunity to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor spoke to 15 of the 29 residents present during the on-site visit. All residents interviewed indicated they were aware they had the ability to write the auditor without staff screening the letter. No residents wrote the auditor during the six week period before the on-site visit. The auditor received no letters after the on-site visit.

either. The auditor also observed posters throughout the facility with my mailing address and information regarding the level of privacy related to letters mailed to the auditor. The facility compliance officer emailed the pictures of the signs posted throughout the facility seven weeks prior to the on-site visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has no website. The facility provides public access of all PREA Reports, Investigative Policy and the Annual Report of aggregated data available to the public through a request to the facility administrator and/or director at any time. This access is lined out in the policy and Written Institutional Manual. This decision was all written information previously mentioned as well as discussion with administrative staff.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Georgeanna Mayo Murphy

June 5, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.