

PREA AUDIT REPORT INTERIM x FINAL
JUVENILE FACILITIES

Date of report: July 18, 2016

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| Auditor Information | | | |
| Auditor name: Georgeanna Mayo Murphy | | | |
| Address: P,O, Box 81873 Mobile, AL 36689 | | | |
| Email: GeorgeannaMurphy@yahoo.com | | | |
| Telephone number: (251)421-0604 | | | |
| Date of facility visit: July 11 – 12 2016 | | | |
| Facility Information | | | |
| Facility name: Shelby County Regional Juvenile Detention Center | | | |
| Facility physical address: 222 McDow Road Columbiana, AL 35051 | | | |
| Facility mailing address: <i>(if different from above)</i> P.O. Box 736 Columbiana, AL 35051 | | | |
| Facility telephone number: (205) 669-3990 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Correctional | <input checked="" type="checkbox"/> Detention | <input type="checkbox"/> Other |
| Name of facility's Chief Executive Officer: Debra Roulaine | | | |
| Number of staff assigned to the facility in the last 12 months: 25 | | | |
| Designed facility capacity: 34 | | | |
| Current population of facility: 14 | | | |
| Facility security levels/inmate custody levels: secure detention | | | |
| Age range of the population: 12 to 19 years of age | | | |
| Name of PREA Compliance Manager: Click here to enter text. | | Title: Click here to enter text. | |
| Email address: Click here to enter text. | | Telephone number: Click here to enter text. | |
| Agency Information | | | |
| Name of agency: Shelby County Regional Juvenile Detention Center | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Shelby County Commission | | | |
| Physical address: 222 McDow Road Columbiana, AL 35051 | | | |
| Mailing address: <i>(if different from above)</i> P.O. Box 736 Columbiana, AL 35051 | | | |
| Telephone number: (205) 669-3990 | | | |
| Agency Chief Executive Officer | | | |
| Name: Alex Dudchock | | Title: County Manager | |
| Email address: adudchock@shelbyal.com | | Telephone number: (205) 669-3990 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Debra Roulaine | | Title: Facility Manager | |
| Email address: droulaine@shelbyal.com | | Telephone number: (205) 669-8568 | |

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Shelby County Regional Juvenile Detention Center in Columbiana AL was conducted July 11th and 12, 2016 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. Only minor corrections were needed to enhance the policies.

During the two day on-site audit, the auditor was provided with access to an office in the facility to conduct interviews of administrative staff, contract personnel and volunteers. Line staff and resident interviews were conducted in the contact visitation room which provided a venue for confidential interviews. Formal interviews were conducted with facility staff, residents, contract personnel and volunteers. The auditor interviewed twelve of the fourteen residents. Two residents were transported to state facilities on the second day before they could be interviewed. Ten line staff members including three supervisors were audited as well as a member of the teaching staff, counselor (Dannetter Bivins), nurse (Crystal Robinson), Assistant Manager (Vicky Joiner), Manager (Debra Roulaine) and a volunteer.

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. Five 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 Facility Manager/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 four pods made up of 22 single cells and 6 double occupancy cells in the facility. Each pod 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 throughs 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 manager 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.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Shelby County Regional Detention Center was built in 1998 and opened on October 16, 1998. It houses juveniles between the ages of 12 and 19 who commit offences in Shelby and Chilton Counties in Alabama. The facility has four dayrooms/pods. Each pod sleeps 8 residents. There are two isolation cells in the intake area. The facility has two classrooms, a gym, a laundryroom and outdoor recreation area. The facility has twenty full time detention officers and one part time employee. The facility also employs two full time cooks, two teachers and a behavioral aide. There were 494 residents admitted to the facility last year. The average length of stay is fourteen days. Mental health care is provided by Chilton/Shelby County Mental Health and medical services are provided by Quality Correctional Healthcare. There are ten volunteers/contractors authorized to enter the facility. One staff member is currently trained to conduct investigations of all allegations of sexual abuse or sexual harassment.

The mission statement of the detention facility is to provide positive leadership to initiate positive constructive change for youth, the youth's family and the community. While the detention center is not a treatment facility, it is not a place for boredom, idleness, frustration and alienation. The detention program promotes meaningful activities, opportunities for self-improvement and growth. Each juvenile learns the consequences of his/her actions that resulted in their detainment. They also are exposed to an environment geared to reinforce positive behavior so that they can make better decisions in the future.

There are four pods made up of 22 single cells and 6 double occupancy cells in the facility. Each pod has one shower so residents shower alone with complete privacy. Restroom facilities are located in each cell. Double occupancy cells are only used if all single cells are in use. A master control room is located in the center of the pods which contains all video surveillance monitoring equipment. Master control is manned by both male and female staff members. Controls are in place to ensure the privacy of residents while they shower and use the restroom. Residents are made aware of the gender of the staff member operating the master control panel so they can take steps to maintain privacy.

SUMMARY OF AUDIT FINDINGS

During the past 12 months the Shelby County Regional Detention Center has reported zero allegations of sexual abuse or sexual harassment. The interviews of clients reflected a clear understanding of the PREA protections and the agency's zero tolerance policy for sexual abuse and sexual harassment. Residents were very well versed on the options they have to report any act of sexual harassment or sexual abuse. Residents received information beginning at the intake process and a more in-depth orientation within 72 hours of being detained. During the orientation process residents watch a video and have discussions regarding facility rules, reporting options, etc. Residents sign a form indicating they received and understood the PREA information presented to them. Residents did not fear any form of retaliation if they were to make a report.

SCRJDF policy and practice provide disabled residents with equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has a MOU with Carmen Woodman to provide interpreting services. All rule books, handbooks and PREA information is available in Spanish and the orientation video is available in Spanish as well. Residents who are hearing impaired are provided with subtitles on the video and given information in a format that best fits their needs. Residents who have learning disabilities or who are unable to read will have all the information read to them and explained to them in a way they can understand. Policy prohibits residents from serving as interpreters or readers. In the past 12 months there has been no need for interpretive services.

Staff interviews reflected a clear understanding by employees the facility's zero tolerance policy regarding sexual abuse and sexual harassment, consequences for engaging in such behavior, their duties as mandatory reporters and as first responders. Staff did not fear retaliation if they were to make a report. The facility has a retaliation monitor to ensure no retaliation occurs between residents and/or staff. Background checks are conducted on all potential employees and those employees who are being considered for promotion. Follow up background checks are conducted every five years on all employees, volunteers and contract personnel.

A screening instrument is given to all residents within 72 hour of admittance. This screening tool includes all the elements set forth in the standard to determine if a resident is at risk for sexual victimization or who has participated in sexually assaultive behavior in the past. Residents who indicate they have been a victim of sexual abuse in the community or who indicate they have engaged in sexual assaultive behavior in the community are seen by the facility's contract Mental Health Provider and nurse. The information gathered during the assessment and assessment by mental health and medical staff are used to make housing and programming arrangements.

No cross gender pat-down-searches are conducted in the facility. Staff have received training on how to properly and professionally conduct a pat-down-search of a transgender or intersex resident. SCRJDC has a formalized written staffing plan that addresses the mandatory eleven elements required in the PREA standard. The facility exceeds the staffing ratios required by PREA and those required by their state licensing authority. Staffing is predicated on the facility's rated capacity (34). The daily average population of the facility over the past year is 16.25. Great care is taken to ensure the staffing minimums at all times. There have been no exigent circumstances during this auditing period that forced the facility to go below minimum staffing levels. The staffing plan is reviewed annually with the county manager.

Administrative staff and first line supervisors conduct and document unannounced on all shifts to identify and deter sexual abuse and sexual harassment. The staff member conducting the rounds monitors to ensure staff are not alerting other staff members of the rounds. The facility has a video monitoring system that is very extensive and has cameras in all areas where children are allowed access as well as all exits and entrances.

The facility has a trained investigator who received training from the Alabama Department of Corrections. All criminal investigations are conducted by the Shelby County Sheriff's Office. The Crisis Center in Birmingham, AL performs all sexual assault kits at no cost to the victim whether they name their perpetrator or actively participate in the investigation. The kit is performed by a SANE nurse. Support services for residents are offered through SAFEHOUSE and the facility Mental Health Provider. Victims are provided medical care for STI's and provided with timely medical options as they relate to pregnancy.

SCRJDF collects data on all incidents that meets the definitions of sexual abuse/harassment under the PREA Standards and documents it using the Bureau of Justice Statistics SSV form. This information is aggregated annually. The aggregated information is made available to the public on the facility's website. All identifying information is removed before the information is made public. The aggregated information is compared to prior years to see if changes in programming have prevented sexual abuse or harassment. This information is maintained in the PREA files in the Detention Manager/PREA Coordinator's office. All PREA documentation is maintained in accordance with the Shelby County Commission and DYS record retention schedule and Alabama Statutes.

It is clear that the facility manager 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.

Number of standards exceeded: 7

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

SCRJDC has a zero tolerance policy for any form of sexual abuse or sexual harassment. This policy comprehensively addresses the facility's approach to preventing, detecting and responding to all forms of sexual abuse and sexual harassment. The policy contains the necessary definitions, sanctions and the foundation for training with residents, staff, volunteers, contract personnel and others who have contact with residents.

The facility has a PREA Coordinator who also serves as the facility Manager (Debra Roulaine). The PREA Coordinator reports directly to the County Manager. Ms Roulaine reports that she has sufficient time and authority to develop, implement and oversee maintaining PREA compliance.

PREA Policy 115.311
Organizational Chart
Operational Manual pg 3
Pre-Audit Questionnaire
Interview with PREA Coordinator/Manager
Interview with Assistant Manager

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

N/A

SCRJDC does not contract with any other facility to house residents of Chilton/Shelby Counties.

Standard 115.313 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

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

SCRJDC has a formalized written staffing plan that addresses the mandatory eleven elements required in the PREA standard. The facility exceeds the staffing ratios required by PREA and those required by their state licensing authority. Staffing is predicated on the facility’s rated capacity (34). The daily average population of the facility over the past year is 16.25. Great care is taken to ensure the staffing minimums at all times. There have been no exigent circumstances during this auditing period that forced the facility to go below minimum staffing levels. The staffing plan is reviewed annually with the county manager.

Administrative staff and first line supervisors conduct and documents unannounced on all shifts to identify and deter sexual abuse and sexual harassment. The staff member conducting the rounds monitors to ensure staff are not alerting other staff members of the rounds. The facility has a video monitoring system that is very extensive and has cameras in all areas where children are allowed access as well as all exits and entrances.

Policy 115.313
Operational Manual pg.3-4
Staff Schedules
Daily Population Rosters
Staffing Plan
Annual Review
Interview with PREA Coordinator/Program Manager
Interviews with Staff

Standard 115.315 Limits to cross-gender viewing and searches

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

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

SCRJDC is a co-ed facility with male and female residents as well as both male and female staff. Males are monitored and searched by male staff and female residents are monitored and searched by female staff. All searches are documented and during the interview of process all residents indicated they had only been searched by a member of the same gender. Both staff and residents confirm staff “knock and announce” their presence if they enter living areas of the opposite gender.

SCRJDC policy also prohibits staff from searching or physically examining a resident simply to determine their genital status. Genital status of transgender or intersex residents will be determined through conversation or as part of the medical exam by medical staff. Staff receive training on how to conduct a proper pat-down search of a transgender or intersex resident. There were no searches of this type conducted during the past 12 months.

SCRJDC policy and practice ensures that residents are able to shower, perform bodily functions and change clothing in private.

Policy 115.315
Operatoins Manual pg. 5

Training Materials
Training Documentation
Interviews with Staff
Interviews with Residents
Interview with PREA Coordinator/Manager

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

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

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

SCRJDF policy and practice provide disabled residents with equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has a MOU with Carmen Woodman to provide interpreting services. All rule books, handbooks and PREA information is available in Spanish and the orientation video is available in Spanish as well. Residents who are hearing impaired are provided with subtitles on the video and given information in a format that best fits their needs. Residents who have learning disabilities or who are unable to read will have all the information read to them and explained to them in a way they can understand. Policy prohibits residents from serving as interpreters or readers. In the past 12 months there has been no need for interpretive services.

Policy 115.316
Operational Manual pg. 5
MOU for Interpretation Services
Interview with Staff
Translated Materials for Residents
Interview with PREA Coordinator/Manager

Standard 115.317 Hiring and promotion decisions

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

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

SCRJDF policy and practice prohibits the hiring or promotion of employees, enlisting the services of any volunteer or contractor who has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity. SCRDF performs a nationwide background search conducted by the Shelby County Sheriff's Department and a Child Abuse and Neglect Report through the Alabama Department of Human Resources. All efforts are made to contact potential employees previous employers for information regarding substantiated allegations of sexual abuse and resignations during active

investigations. Failure by an applicant to disclose information regarding previous misconduct will be grounds for termination. Employees who are considered for promotion will be evaluated on their background checks, performance reviews and incidents related to sexual harassment.

Policy 115.517
Operational Manual pg. 5-6
Employee Files
Interview with PREA Coordinator/Manager

Standard 115.318 Upgrades to facilities and technologies

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

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

SCRJDF has not acquired a new facility or made substantial expansions or modifications to the existing facility since August 20,2012. The facility has installed several new cameras to ensure better visibility of resident movement. When modifications are made and cameras are installed the sexual safety of residents is taken into consideration.

Policy 115.318
Operational Manual pg. 6
Interview with PREA Coordinator/Manager
Diagram of the facility

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

SCRJDF conducts administrative investigations of incidents at the facility. Criminal investigations are conducted by the Shelby County Sheriff's Department along with the Shelby County District Attorney Office and the Alabama Department of Human Resources (DHR). Policy and practice ensures that uniform evidence protocols are followed. Debra Rouline, PREA Coordinator/Manager, attended training offered through the Alabama Department of Corrections on proper investigation protocols.

All residents who experience sexual abuse are offered forensic medical examinations by the Crisis Center in Birmingham, AL by a SANE nurse. Safe House of Shelby County offers support services for the victim during the process. Facility staff have also received advocacy training to assist residents during this difficult process. These services are offered at no charge to the resident no matter if they name their

abuser or not. There have been no residents who have alleged sexual abuse or harassment during the past 12 months.

Policy 115.321
Operational Manual pg. 6-7
MOU Safe House of Shelby County
Email Crisis Center Birmingham AL
Training Information
Interview with Staff
Interview with PREA Coordinator/Manager
Shelby County Sheriff's Department

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

SCRJDF policy and practice ensures all allegations of sexual abuse and sexual harassment are investigated and completed. SCRDF conducts administrative investigations of incidents at the facility. Criminal investigations are conducted by the Shelby County Sheriff's Department along with the Shelby County District Attorney Office and the Alabama Department of Human Resources (DHR). Policy and practice ensures that uniform evidence protocols are followed. Debra Rouline, PREA Coordinator/Manager, attended training offered through the Alabama Department of Corrections on proper investigation protocols. All investigations are documented. The investigative procedures and process is available to the public on the facility's website.

There have been no allegations of sexual abuse or sexual harassment in the past 12 months.

Policy 115.322
Operational Manual pg 7
Interview with PREA Coordinator/Manager
Facility website
Shelby County Sheriff's Department

Standard 115.331 Employee training

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

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

SCRJDF provides PREA training for all new employees as part of their orientation training. PREA training is conducted annually for all employees. Training includes all topics listed in the standard and is tailored to the population which is co-ed. In the past 12 months 21 staff members were trained. All training is documented and placed in each employee's file. Interviews with staff made it very evident to the auditor staff were very familiar with PREA as it related to reporting, responsibilities, Red Flags, rights of detainees, etc.

Policy 115.331
Operational Manual pg. 7
Training materials
Employee files
Interviews with Staff
Interview with PREA Coordinator/Manager

Standard 115.332 Volunteer and contractor training

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

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

SCRJDF provides PREA training for all volunteers and contract personnel as part of their orientation training. PREA training is conducted annually for all volunteers and contract personnel. Training includes all topics listed in the standard and is tailored to the population which is co-ed. Volunteers and contract personnel receive the amount of training that corresponds to the level of access they have to the residents. In the past 12 months 10 volunteers/contract personnel were trained. All training is documented and placed in each volunteer/contract personnel members file. My interview with a volunteer and teacher made it very evident to the auditor that they were very familiar with PREA as it related to reporting duties and responsibilities, Red Flags, rights of detainees, etc.

Policy 115.331
Operational Manual pg. 7-8
Training materials
Employee files
Interviews with Volunteer
Interview with Teacher
Interview with PREA Coordinator/Manager

Standard 115.333 Resident education

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

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

SCRJDF provides PREA information at the time of intake for residents. This information includes how to report incidents or suspicions of sexual abuse or harassment. Within 72 hours residents attend a more extensive orientation which includes a video explaining the rules of the facility and their rights as they pertain to PREA. Posters are located throughout the facility and residents are given information to keep in their rooms. This information is also available in Spanish and the video has subtitles for the hearing impaired. Interviews with residents made it evident they were well versed in all aspects of PREA as it related to them.

Policy 115.333
Operational Manual pg 8
Orientation material
Interviews with Residents
Interviews with Staff
Interviews with PREA Coordinator/Manager
Interview with Asst. Manager

Standard 115.334 Specialized training: Investigations

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

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

SCRJDF has one trained staff member in conducting investigations, PREA Coordinator/Manager, Debra Roulaine. Ms Roulaine received training along with officers from the Shelby County Sheriff's Department by the Alabama Department of Corrections. Documentation of this training is located in Ms Roulaine's file

Policy 115.334
Operations Manual pg 8
Certificate of Training
Interview with PREA Coordinator/Manager

Standard 115.335 Specialized training: Medical and mental health care

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

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

SCRJDF policy and practice provide training for medical and mental health staff. Training includes the preservation of physical evidence, signs of sexual abuse and harassment, how to respond effectively and professionally to juvenile victims, reporting duties, etc. All training is

documented and signed stating they understand the training they receive. Medical staff at the facility do not conduct forensic medical exams.

Policy 115.335
Operations Manual pg 9
Interview with facility nurse
Interview with Mental Health Contractor
Interview with PREA Coordinator/Manager

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

SCRJDF policy and practice require residents complete a risk assessment within 72 hours of detention. The risk assessment used is objective and includes the eleven criteria mentioned in the standard. This information is placed in the residents secure detention file. The residents risk level is reassessed periodically during their confinement.

Policy 115.341
Screening Instrument
Interviews with Staff
Interviews with Residents
Interviews with PREA Coordinator/Manager

Standard 115.342 Use of screening information

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

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

SCRJDF policy and practice requires the information from the risk screening be used to make all housing and programming arrangements to prevent sexual abuse and harassment. Isolation is used as a last resort when no less restrictive option is available this will be documented. The facility has 6 pods which allows for residents to be moved and separated to ensure safety. In the past 12 months no resident has been placed in isolation due to being at risk of sexual victimization or for being sexually aggressive. If a resident were placed on isolation that isolation would be monitored by the Manager and Asst. Manager to ensure all programming was being offered and a re-evaluation conducted at least every 30 days to see if isolation is still warranted. Policy also prohibits placing LGBTIQ residents in particular housing based solely on such identification or status. LGBTIQ status will not be considered an indicator of being sexually abusive. In the past 12 months no residents who identified as transgender have been detained at the facility but all housing decisions would be made on a case by

case basis.

Policy 115.342

Operational Manual pg. 9

Interviews with PREA Coordinator/Manager

Interview with Asst. Manager

Interview with Staff

Pre-Audit Questionnaire

Standard 115.351 Resident reporting

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

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

SCRJDF provides many ways residents can report sexual abuse or harassment. Residents can tell a staff member, file a grievance, tell another resident, tell a volunteer, call the state PREA hotline, tell a parent, tell an attorney, etc. Staff take allegations made verbally and in writing. All verbal allegations are documented. Staff may make private reports by email to the Manager or Asst. Manager or may call DHR, police or the sheriffs department.

Policy 115.351

Orientation Material

Staff Training Material

Operational Manual pg. 10

Interviews with Residents

Interviews with Staff

Interview with PREA Coordinator/Manager

Interview with Mental Health Contractor

Pre-Audit Questionnaire

Standard 115.352 Exhaustion of administrative remedies

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

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

SCRJDF has a grievance system in place for residents to have contact with administration. Allegations of sexual abuse may be submitted at any time regardless of when the incident occurred. Residents will not be asked to attempt to resolve the incident before submitting a formal grievance involving sexual abuse or sexual harassment. The assistant manager and manager investigates all grievances. During the

interview process residents stated they received answers to their grievances very quickly usually within a day. This was confirmed during interviews with the Asst. Manager and Manager. SCRDF reports there have been no grievances involving sexual abuse or sexual harassment in the past 12 months.

Policy 115.352
Operations Manual pg 10-11
Interviews with Residents
Interviews with Staff
Interview with Asst. Manager
Interview with PREA Coordinator/Manager
Grievance Procedure
Pre-Audit Questionnaire

Standard 115.353 Resident access to outside confidential support services

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

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

SCRJDF provides residents with access to outside confidential support services through the national Rape Crisis Center, SafeHouse of Shelby County, and Chilton/Shelby CountyMental Health. Residents are allowed to make phone calls to these agencies at any time with confidentiality as it relates to mandatory reporting.

Policy 115.353
Operational Manual pg. 11
Interviews with Residents
Interviews with Staff
Interviews with Mental Health Staff
Interviews with PREA Coordinator/Manager
MOU SAFEHOUSE
Posters
Pre-Audit Questionnaire

Standard 115.354 Third-party reporting

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

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

SCRJDF provides the public access through their website a third party reporting form to report sexual abuse or harassment. This form can be emailed directly to the facility manager or mailed to the facility.

Policy 115.354
Operational Manual pg. 11-12
Interview with PREA Coordinator/Manager
Facility Website
Third Party Reporting Form
Pre-Audit Questionnaire

Standard 115.361 Staff and agency reporting duties

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

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

SCRJDF policy requires staff to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment or retaliation that occurred in the facility. Staff receive training and understand their duties as a mandatory reporter. Policy also dictates that staff only reveal information related to the allegation to designated supervisors or officials designated as investigators.

Policy 115.361
Operational Manual pg 12
Interviews with Staff
Training Materials
Training Records
Interview with PREA Coordinator/Manager
Pre-Audit Questionnaire

Standard 115.362 Agency protection duties

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

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

SCRJDF policy requires that if staff learn that a resident is at substantial risk of imminent sexual abuse immediate action is taken. In the past 12 months no resident has had to be placed in protective custody due to an imminent threat.

Policy 115.362
Operational Manual pg.12
Interviews with Staff
Interviews with PREA Coordinator/Manager
Interviews with Asst. Manager
Pre-Audit Questionnaire

Standard 115.363 Reporting to other confinement facilities

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

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

SCRJDF policy dictates that if a resident makes an allegation against another facility the manager will contact the director of the facility in question to report the allegation within 72 hours as well as DHR. The notification will be documented on the “Reporting to Other Facilities Form”. No resident has made an allegation against another facility in the past 12 months.

Policy 115.363
Operational Manual pg.12
Interviews with Staff
Interviews with PREA Coordinator/Manager
Pre-Audit Questionnaire

Standard 115.364 Staff first responder duties

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

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

SCRJDF policy dictates that first responders upon learning of a sexual assault separate the victim from the alleged perpetrator, secure the scene and notify the PREA Coordinator Manager. Residents will be treated for any medical issues and depending upon the length of time between the assault and the report be sent to the Crisis Center for evidence collection by a SANE nurse. SCRDF reports no reports of sexual abuse in the past 12 months. During interviews by staff clearly showed they knew their duties as a first responder and what steps must be taken to secure evidence.

Policy 115.364
Operational Manual pg. 12-13
Interviews with Staff
Interviews with PREA Coordinator/Manager

Standard 115.365 Coordinated response

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

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

SCRJDF has a written Institutional Plan which coordinates the response to an incident of sexual abuse. This plan includes the reporting, duties of the first responder, duties of investigators both administrative and criminal (Shelby County Sheriffs Department and Alabama Department of Human Resources), medical attention (Crisis Center), support services (SafeHouse), prosecution (Shelby County District Attorney Office).

Policy 115.365
Institutional Plan
Operational Manual pg 13-14.
Interview with Staff
Interview with PREA Coordinator/Manager
Email – Crisis Center
MOU SafeHarbour
Shelby County Sheriff’s Department
Pre-Audit Questionnaire

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

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

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

N/A The facility does not enter into collective bargaining.

Standard 115.367 Agency protection against retaliation

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

SCRJDF policy prohibits retaliation of any form. Employees who engage in retaliatory practices will be terminated. Residents who engage in retaliation will be disciplined. Management staff will be charged with monitoring for retaliation through status checks, meeting with staff, meeting with residents, looking at residents point system, looking at staff service ratings, etc. This monitoring will continue for at least 90 days but may continue if needed.

Protective measures which can be taken include: moving resident to different pod, removal of alleged staff or detainee from contact with resident, emotional support services, etc.

After meeting with staff and residents neither group felt retaliation would be a problem because it is not tolerated for any reason.

Policy 115.367

Operational Manual pg.13

Interviews with Staff

Interviews with Residents

Interviews with PREA Coordinator/Manager

Interview with Manager

Pre-Audit Questionnaire

Standard 115.368 Post-allegation protective custody

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

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

SCRJDF policy dictates that residents who suffer abuse will only be placed in isolation as a last resort when all other less restrictive measures have been exhausted. If a resident is placed in isolation the Asst. Manager and Manager will ensure that they receive all their programming requirements. No residents have been placed in isolation due to post allegation protective custody.

Policy 115.368

Operational Manual pg. 13

Interviews with Staff

Interviews with PREA Coordinator/Manager

Interview with Assistant Manager

Pre-Audit Questionnaire

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

SCRJDF has a policy that require investigations on all allegations of sexual abuse and sexual harassment. No investigations will be terminated based solely on recantation by the victim. Substantiated allegations will be referred for prosecution. SCRDF reports there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution. All information pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment are retained as long as the alleged abuser is detained or employed by the agency plus five years.

Policy 115.371
 Operational Manual pg 15
 Interview with PREA Coordinator/Manager
 Pre-Audit Questionnaire

Standard 115.372 Evidentiary standard for administrative investigations

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

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

SCRJDF policy ensures that no higher burden of proof than a preponderance of the evidence will be used in administrative investigations.

Policy 115.372
 Operational Manual pg 14
 Interview with PREA Coordinator/Manager
 Pre-Audit Questionnaire

Standard 115.373 Reporting to residents

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

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

corrective actions taken by the facility.

SCRJDF policy dictates that residents who make allegations of sexual abuse in the facility are informed verbally, or in writing as to whether the allegation has been found to be substantiated, unsubstantiated or unfounded following the conclusion of the investigation. There have been no allegations of sexual abuse or sexual harassment in the past 12 months.

If an outside agency conducts the investigation SCRDF will request the releant information so the resident can be informed of the outcome. No outside agency has investigated allegations of sexual abuse or sexual harassment in the past 12 months.

Staff will inform a resident who has made an allegation against a staff member of sexual abuse whenever the staff member is no longer posted within the residents unit, the staff member is no longer employed at the facility, the agency learns the staff member hs been indicted on a charge related to sexual abuse at the facility or the agency learn the staff member hs been convicted on a charge related to sexual abuse within the facility. This notification will be documented and placed in the residents file. The obligation to report will terminate if the resident is released from the facility.

Policy 115.373

Operational Manual pg 14

Interview with PREA Coordinator/Manager

Form –Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment

Pre-Audit Questionnaire

Standard 115.376 Disciplinary sanctions for staff

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

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

SCRJDF policy dictates that disciplinary sanctions up to and including termination will be recommended for employees who participate in the sexual abuse or sexual harassment of residents. The presumptive sanction will be termination. In th past 12 months no staff member has violated the agency’s policy against sexual abuse and sexual harassment.

The resignation of an employee does not terminate the investigation. Law enforcement and the AlabamaDepartment of Youth Services Licensing Department will also be notified of any resignation of an employee who is under investigation for the sexual abuse or sexual harassment of a resident. In the past 12 months no employee, volunteer or contractor has resigned while under investigation of sexual abuse or sexual harassment.

Policy 115.376

Operational Manual pg. 15

Interview with PREA Coordinator/Manager

Pre-Audit Questionnaire

Standard 115.377 Corrective action for contractors and volunteers

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

- Does Not Meet Standard (requires corrective action)

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

SCRJDF policy dictates that any volunteer or contract personnel who engages in sexual abuse will be reported to law enforcement. The volunteer or contract personnel will be prohibited from retraining to the facility. No volunteer or contract personnel have been accused of sexual abuse by a resident at the facility.

Policy 115.377
Operational manual pg. 15
Interview with PREA Coordinator/Manager
Interview with Teacher
Interview with Volunteer
Pre-Audit Questionnaire

Standard 115.378 Disciplinary sanctions for residents

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

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

SCRJDF policy and practice dictates that residents are subject to disciplinary action only pursuant to a formal disciplinary process following and administrative finding or criminal that the resident engaged in sexual abuse. In the past 12 months there have been no administrative or criminal findings of guilt for resident on resident sexual abuse. If the disciplinary action includes isolation the Asst. Manager will ensure the resident receives his/her daily programming requirements. The probation officer will be notified of the situation and therapy/counseling will become part of the residents Individual Service Plan.

If the sexual abuse involves a resident and staff member the resident will only be disciplined if the staff member did not consent. The resident will not be disciplined for making an allegation if it is made in good faith based upon a reasonable belief that the alleged conduct occurred. All sexual activity even consensual sex between residents is prohibited. Residents who engage in consensual sexual activity will be disciplined.

Policy 115.378
Operational Manual pg. 15
Interview with Residents
Interviews with Staff
Interview with PREA Coordinator/Manager
Pre-Audit Questionnaire

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

SCRJDF policy dictates that residents who indicate prior sexual abuse or who indicate they have engaged in sexual abuse during the screening process will be seen by the Mental Health Liaison from Shelby/Chilton County Mental Health and medical staff within 72 hours. SCRDF reports that less than 1 % of those detained in the past 12 months disclosed prior victimization or engaging in sexual abuse during the screening. Information obtained during the screening by mental health and medical personnel are used to make housing decisions and other programming decisions. This information is shared on a need to know basis. Medical and mental health staff obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting for any resident age 18 or older.

Policy 115.381

Operational Manual pg 16

Interview with Mental Health Staff

Interview with Nurse

Interview with PREA Coordinator/Manager

Pre-Audit Questionnaire

Standard 115.382 Access to emergency medical and mental health services

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

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

SCRJDF policy and practice dictate that residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Residents are transported to the Crisis Center to have a sexual assault kit administered by a SANE nurse. Medical staff maintain their files on residents under their care. Residents receive timely information and services concerning contraception and sexually transmitted infection prophylaxis. Female residents are offered timely information about and timely access to emergency contraception. Treatment services are provided to all victims without financial cost and regardless of whether they name their abuser or cooperate with the investigation.

SafeHouse will provide crisis intervention services for the victim during the examination and investigative process. Residents will also have access to facility mental health staff.

Policy 115.382

Operational Manual pg. 16

Interview with Nurse

Interview with Mental Health

Interview with Staff

Interview with Residents

Interview with PREA Coordinator/Manager

Pre-Audit Questionnaire

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

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

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

SCRJDF offers medical and mental health evaluations and as appropriate, treatment to all residents who have been victims while detained in the facility. Female victims will be offered pregnancy tests and will receive timely and comprehensive information about all lawful pregnancy related medical services. Residents will be offered tests for STI’s

The facility will conduct a mental health evaluation of all known resident on resident abusers and make therapy/counseling part of their Individualized Treatment Plan.

- Policy 115.383
- Operational Manual pg. 16
- Interview with Nurse
- Interview with Mental Health
- Interview with PREA Coordinator/Manager
- Pre-Audit Questionnaire

Standard 115.386 Sexual abuse incident reviews

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

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

SCRJDF conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation including where an allegation has not been substantiated unless the allegation was determined to be unfounded using the SCRJDF Sexual Abuse Critical Incident Review. The review will occur within 30 days of the end of the investigation and include management officials, investigators, medical staff, mental health staff and the Probation officer of the affected residents.

The review team will consider whether a policy change is needed or better practice to detect or respond to sexual abuse, whether the incident was motivated by race, ethnicity, LGBTIQ status, gang affiliation or some other group dynamic, determine if physical barriers caused the incident, and look at staffing levels. A report of the findings will be submitted to the County Manager and PREA Coordinator/Manager with suggestions for improvement. SCRJDF will implement the suggestions or document why implementation was not made.

- Policy 115.386
- Operational Manual pg. 17
- Interview with PREA Coordinator/Manager

Standard 115.387 Data collection

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

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

SCRJDF collects data on all incidents that meets the definitions of sexual abuse/harassment under the PREA Standards and documents it using the Bureau of Justice Statistics SSV form. This information is aggregated annually. The aggregated information is made available to the public on the facility's website. All identifying information is removed before the information is made public. The aggregated information is compared to prior years to see if changes in programming have prevented sexual abuse or harassment. This information is maintained in the PREA files in the Detention Manager/PREA Coordinator's office. All PREA documentation is maintained in accordance with the Shelby County Commission and DYS record retention schedule and Alabama Statutes

Policy 115.387
Operational Manual pg. 17
Interview with PREA Coordinator/Manager
Aggregated Information
Website
Pre-Audit Questionnaire

Standard 115.388 Data review for corrective action

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

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

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Policy 115.387
Operational Manual pg. 17
Interview with PREA Coordinator/Manager

Standard 115.389 Data storage, publication, and destruction

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

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

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Policy 115.387
Operational Manual pg. 17
Interview with PREA Coordinator/Manager
Aggregated Information
Website
Pre-Audit Questionnaire

AUDITOR CERTIFICATION

I certify that:

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

Georgeanna Mayo Murphy

July 18, 2016

Auditor Signature

Date