

PREA Facility Audit Report: Final

Name of Facility: Shelby County Regional Juvenile Detention Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 05/29/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	04/06/2022
End Date of On-Site Audit:	04/07/2022

FACILITY INFORMATION	
Facility name:	Shelby County Regional Juvenile Detention Facility
Facility physical address:	222 McDow Road, Columbiana , Alabama - 35051
Facility mailing address:	PO Box 736, Columbiana, Alabama - 35051

Primary Contact	
Name:	Tim Bullard
Email Address:	tbullard@shelbyal.com
Telephone Number:	2056693990

Superintendent/Director/Administrator	
Name:	Tim Bullard
Email Address:	tbullard@shelbyal.com
Telephone Number:	2056693990

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

Facility Characteristics	
Designed facility capacity:	34
Current population of facility:	22
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-21
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Shelby County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	200 West College Street , Columbiana, Alabama - 35051
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Tim Bullard	Email Address:	tbullard@shelbyal.com
--------------	-------------	-----------------------	-----------------------

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-06
2. End date of the onsite portion of the audit:	2022-04-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ol style="list-style-type: none">1. Crisis Center of Birmingham2. Safehouse3. Just Detention International4. Alabama Department of Youth Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	34
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	19
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	22
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were selected from all four housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reported allegations of sexual abuse.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

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

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
--	--

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
---	--------------------------

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
--	---

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Organizational Chart 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.311 (a)</p> <p>PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>SCRJDF PREA Policy (pages 1-4) The SCRJDF is committed to a zero-tolerance standard toward all forms of sexual abuse and sexual harassment within the facility. This policy provides guidelines and procedures to reduce the risk of sexual abuse in the SCRJDF in compliance with the Prison Rape Elimination Act (PREA) of 2003.</p> <p>The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy addresses prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.</p> <p>115.311 (b)</p> <p>PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p>SCRJDF employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified on the organizational chart as the Detention Manager. He confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>115.311 (c)</p> <p>N/A</p> <p>There is no PREA Compliance Manger.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 309 376 336">Documents:</p> <ol data-bbox="242 340 676 403" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="242 434 352 461">Interview:</p> <ol data-bbox="242 465 639 492" style="list-style-type: none"> 1. Agency Contract Administrator – N/A <p data-bbox="242 524 504 551">Findings (by provision):</p> <p data-bbox="242 560 363 586">115.312 (a)</p> <p data-bbox="242 591 1442 618">PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p data-bbox="242 649 1378 712">SCRJDF PREA Policy (page 4) This is non-applicable as the SCRJDF does not contract with other entities for the confinement of residents/detainees.</p> <p data-bbox="242 743 363 770">115.312 (b)</p> <p data-bbox="242 775 1378 837">SCRJDF PREA Policy (page 4) This is non-applicable as the SCRJDF does not contract with other entities for the confinement of residents/detainees.</p> <p data-bbox="242 869 376 896">Conclusion:</p> <p data-bbox="242 900 1477 963">Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Unannounced Walkthrough Log 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. SCRJDF 2022 Staffing Plan (March 8, 2022) 2. Convex Mirror Installation (May 26, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (by provision):</p> <p>115.313 (a) PAQ: Since the 2017 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 18 2. The average daily number of residents on which the staffing plan was predicated: 34 <p>SCRJDF PREA Policy (page 4) The SCRJDF develops a staffing plan that provides for levels of staffing, and where applicable, video monitoring to protect detainees against abuse.</p> <p>A PREA compliant staffing plan was developed as part of corrective action. The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.</p> <p>The Detention Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p> <p>115.313 (b) PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ asserts there were no deviations from the staffing plan.</p> <p>The Detention Manager confirmed the facility maintains appropriate staffing ratios by developing a schedule and call-ins are used as needed.</p> <p>115.313 (c) PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0 2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0 <p>SCRJDF PREA Policy (page 4) Living unit recommended minimum staff-to-detainee ratios are:</p> <ol style="list-style-type: none"> a) Waking Hours (1st & 2nd shifts: 7 a.m. -11 p.m.) 1:8 b) Sleeping Hours (3rd shift: 11 p.m. - 7 a.m.) 1:12

The Detention Manager confirmed all deviations would be documented. The documentation would include explanations for non-compliance.

PREA Site Review:

During the onsite tour of the facility the auditor observed the classroom and living units were compliant with required staffing ratios. The intake area, which includes holding cells, was observed to be out of line of site of staff.

The facility installed a convex mirror in the intake area, enabling line of site supervision (May 26, 2022).

Corrective action is complete.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

SCRJDF PREA Policy (page 4) At least once a year the PREA Coordinator (Manager), County Manager and Assistant Manager and will review the staffing plan to ensure compliance.

As part of corrective action the facility developed a staffing plan. The auditor reviewed the staffing plan for verification it is inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

SCRJDF PREA Policy (pages 4-5) The SCRJDF management staff and shift supervisory personnel will conduct unannounced rounds to all 4 housing units, classrooms, and recreation yard and isolation/intake area of the facility to enhance detainee supervision, and identify and deter safety and security issues. The rounds must be conducted on differing shifts. These rounds will not be announced unless such announcement is related to operational functions of the SCRJDF. These walkthroughs/rounds will be noted in the pass on book.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds on the Unannounced Walkthrough Log.

An interview with a Juvenile Detention Officer II confirmed he conducts unannounced rounds. They are conducted on all shifts and he stated he does not announce when the rounds are occurring. He documents them on the Unannounced Walkthrough Log.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.313 (a) The facility developed a PREA compliant staffing plan (March 8, 2022).

115.313 (c) The facility installed a convex mirror in the intake area, enabling line of site supervision (May 26, 2022).

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Training Curriculum: Conducting Pat Searches 3. Training Curriculum: Conducting Pat Searches of Transgender or Intersex Residents 4. Staff Training Records for Searches 5. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Photo: Isolation Toilet Digitally Obscured (April 7, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.315 (a)</p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 <p>SCRJDF PREA Policy (page 5) Cross-gender pat-down, strip and body cavity searches are not permitted, absent exigent circumstances.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p>SCRJDF PREA Policy (page 5) Cross-gender pat-down, strip and body cavity searches are not permitted, absent exigent circumstances. If this is required in case of an emergency, it must be documented and requires two staff present for a comprehensive search.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search. There is always a male and female staff on duty on each shift.</p> <p>115.315 (c)</p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>SCRJDF PREA Policy (page 5) If this is required in case of an emergency it must be documented and requires two staff present for a comprehensive search.</p> <p>115.315 (d)</p> <p>PAQ: The facility has implemented policies and procedures that enable residents 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 cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p>

SCRJDF PREA Policy (page 5) Staff of the opposite gender of detainees must announce their presence when entering a housing unit. This also applies when entering an area where detainees are likely to be performing bodily functions; or revealing their genitalia, breasts, or buttocks while changing clothes or showering. The exception is in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Only a staff member who is the same gender as the detainee may supervise a detainee who is showering, changing clothes, or toileting.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of bathroom. Showers are conducted one at a time behind a shower curtain. During the site review the auditor observed the isolation toilet was visible by camera. The facility digitally obscured the toilet as part of corrective action.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

SCRJDF PREA Policy (page 5) The SCRJDF staff will not search or physically examine a transgender or intersex detainee (defined on page 1) for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical staff.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

No residents identified as transgender or intersex during the onsite phase of the audit.

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

SCRJDF PREA Policy (page 5) The SCRJDF staff will receive training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.

The auditor reviewed the training curriculum staff training records for verification the training has been received.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

115.315 (d)

The facility digitally obscured an isolation cell toilet (April 7, 2022).

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Description of Equal Opportunity Procedures 3. Interpreter Contract 4. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment (English and Spanish, and Braille) 5. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment (Limited reading skills, and intellectual disabilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>SCRJDF PREA Policy (page 5) Disabled detainees are provided equal opportunity to participate in or benefit from all aspects of the SCRJDF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interpreters will be provided if necessary.</p> <p>The Detention Manager confirmed the agency has established procedures to provide disabled residents 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.</p> <p>The Detention Manager provided a detailed explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The auditor interviewed one resident with a physical disability. The resident reported the facility provided information about sexual abuse and sexual harassment that they are able to understand.</p> <p>PREA Site Review:</p> <p>The auditor did not observe written materials for residents who have intellectual disabilities or limited reading skills. These materials were developed as part of corrective action.</p> <p>115.316 (b)</p> <p>PAQ: The agency has established procedures to provide residents with limited English proficiency 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.</p> <p>SCRJDF PREA Policy (page 5) Detainees with limited English proficiency are provided equal opportunity to participate in or benefit from all aspects of the SCRJDF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written materials are available in Spanish and an interpreter will be available if needed.</p> <p>The SCRJDF has a contract for Spanish translation services.</p> <p>The auditor interviewed one LEP resident who required a Spanish language translator. The resident reported the facility provided information about sexual abuse and sexual harassment that they are able to understand. A bilingual staff member assisted with intake and the pamphlet was available in Spanish.</p>

PREA Site Review:

The auditor observed posters available in English and Spanish. The auditor observed the resident pamphlet is available in English and Spanish.

115.316 (c)

PAQ: Agency policy prohibits use of 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

SCRJDF PREA Policy (page 5) Detainees are prohibited from serving as interpreters, readers or other assistants.

Staff interviews confirmed the agency would use a Spanish speaking staff member or a professional interpreter. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Corrective action is complete.

115.316 (a)

Written materials for residents who have intellectual disabilities or limited reading skills were developed as part of corrective action.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Employment Questionnaires (March 28, 2022) 2. Updated Application (Sexual Harassment) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>SCRJDF PREA Policy (pages 5-6) The Shelby County Regional Juvenile Detention Facility shall not hire or promote anyone who:</p> <ol style="list-style-type: none"> a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, youth facility, or other institution. b. 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. c. Has been criminally, civilly, or administratively adjudicated to have engaged in the activity described in (a and b). <p>The auditor reviewed PREA Employment Questionnaires for 16 employees and 3 contractors and observed the three (3) questions regarding past conduct were asked and answered. The questionnaires were completed as part of corrective action.</p> <p>The Detention Manager interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.</p> <p>115.317 (b)</p> <p>PAQ: Agency policy requires the consideration of 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.</p> <p>SCRJDF PREA Policy (page 6) The SCRJDF shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the detainees.</p> <p>The Detention Manager confirmed the department considers prior 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 the residents. As part of corrective action, he provided a statement detailing that personnel has added a question on the application to ask possible new hires and those up for promotion about investigations or allegations of sexual harassment and/or abuse.</p> <p>115.317 (c)</p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 8 2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

SCRJDF PREA Policy (page 6) Before hiring new employees who may have contact with detainees, the SCRJDF shall:

1. Perform a criminal background records check;
2. Consult any child abuse registry maintained by the State or locality in which the employee would work; and
3. Consistent with Federal, State, and local law, the SCRJDF makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Detention Manager confirmed the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

SCRJDF PREA Policy (page 6) The SCRJDF shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with detainees.

The Detention Manager confirmed the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of contractors who might have contact with residents for verification they are conducted in compliance with the standard provision.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

SCRJDF PREA Policy (page 6) The SCRJDF shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees.

The Detention Manager confirmed criminal background records checks are conducted at least every five years of current employees and contractors who may have contact with residents.

The auditor observed background checks were within five years.

115.317 (f)

SCRJDF PREA Policy (pages 5-6) The Shelby County Regional Juvenile Detention Facility shall not hire or promote anyone who:

3. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, youth facility, or other institution.
4. 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.
5. Has been criminally, civilly, or administratively adjudicated to have engaged in the activity described in (a and b).

The auditor reviewed PREA Employment Questionnaires for 16 employees and 3 contractors and observed the three (3) questions regarding past conduct were asked and answered. The questionnaires were completed as part of corrective action. The questionnaire will be completed for new hires, annual evaluations, and promotions. The questionnaire is required for contractors and employees.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

SCRJDF PREA Policy (page 6) Material omissions regarding such misconduct, or the provisions of materially false information, shall be grounds for termination.

115.317 (h)

The Detention Manager stated statute allows for a facility to 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

115.317 (a) PREA Employment Questionnaires were completed as part of corrective action. (March 28, 2022)

115.317 (c) Personnel has added a question on the application to ask possible new hires and those up for promotion about investigations or allegations of sexual harassment and/or abuse.

115.317 (f) PREA Employment Questionnaires were completed as part of corrective action. (March 28, 2022)

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Facility Schematics 3. Shelby County Regional Juvenile Detention Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. Superintendent or Designee (Detention Manager) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a)</p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Detention Manager confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The SCRJDF has recently added cameras. The SCRJDF has also added two 47" monitors to the control room for viewing cameras located throughout the facility. This action enhances the SCRJDF's operation of the facility.</p> <p>The Detention Manager confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Flowchart: Process for Investigating Sexual Assault Allegations 3. MOU: SafeHouse (SANE Services and Victim Advocacy) 4. MOU: Crisis Center (SANE Services and Victim Advocacy) 5. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. SAFEs/SANEs (Crisis Center and SafeHouse) 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.321 (a) and (b)</p> <p>PAQ: The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Criminal sexual abuse investigations are done by the Columbiana Police Department or the Shelby County Sheriff's Office.</p> <p>SCRJDF PREA Policy (page 6) The SCRJDF is responsible for conducting or referring to law enforcement, administrative or criminal sexual abuse investigations (including juvenile-on-juvenile sexual abuse or staff sexual misconduct). Investigators, whether SCRJDF special investigators or local law enforcement, shall follow a uniform evidence protocol when conducting a sexual abuse investigation.</p> <p>Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that the local law enforcement is responsible for conducting sexual abuse investigations.</p> <p>115.321 (c)</p> <p>PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANEs/SAFEs: 0 <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Forensic medical examinations are conducted at Crisis Center and SafeHouse.</p> <p>SCRJDF PREA Policy (page 6) All victims of sexual abuse are offered access to forensic medical examinations. Examinations are conducted by Sexual Assault Nurse Examiners (SANEs) through a contract with SafeHouse of Shelby County, Inc., call crisis line at 205-669-7233, located in Pelham, AL 35124.</p> <p>The SafeShelby Sexual Assault Services program provides 24/7 services for survivors of sexual assault, including forensic exams, counseling, and legal advocacy. All SafeShelby sexual assault services are free and confidential. SafeShelby offers forensic exams performed by specially trained Sexual Assault Nurse Examiners (SANEs) in a confidential and secure facility.</p> <p>SCRJDF has a MOUs with Crisis Center and SafeHouse for SANE services. The auditor contacted Crisis Center and SafeHouse. Services would be available to resident victims of sexual abuse at the facility.</p> <p>115.321 (d) and (e)</p> <p>(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p>

(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

SCRJDF PREA Policy (page 6) A victim advocate from The SafeHouse of Shelby County, Inc. (SafeHouse) is available to the victim throughout the examination process. The advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. They are also available for follow-up services.

SCRJDF has a MOU with Safehouse for outside support services. The auditor contacted staff at Crisis Center and SafeHouse and was informed that if requested by the facility, they would provide victim advocacy services to a victim of sexual abuse. Services would be provided at no cost to the victim.

115.321 (f)

PAQ: If the agency is not responsible for administrative or criminal investigations of allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

SCRJDF PREA Policy (page 6) When a referral is made the SCRJDF Investigation Unit will determine if law enforcement will conduct the investigation and will make the contact with law enforcement when indicated.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 0 2. The number of allegations resulting in an administrative investigation: 0 3. The number of allegations referred for criminal investigation: 0 <p>SCRJDF PREA Policy (page 7) The SCRJDF Investigation Unit will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including juvenile-on-juvenile sexual abuse or staff sexual misconduct).</p> <p>The Detention Manager confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>115.322 (b)</p> <p>PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: SCRJDF-PREA-Policy-and-Procedure-115371-on-Investigations (shelbyal.com).</p> <p>SCRJDF PREA Policy (page 7) Allegations of sexual abuse or sexual harassment are referred for investigation to an entity with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The SCRJDF Investigation Unit staff shall document all such referrals.</p> <p>115.322 (c)</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 943 533" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF PREA Training Curriculum 3. Staff Receipt of PREA 4. Staff Training Records 5. NIC Certificates - PREA: Your Role in Responding to Sexual Abuse 6. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="240 562 571 589">Document (Corrective Action):</p> <ol data-bbox="240 598 735 624" style="list-style-type: none"> 1. Updated Training Curriculum (March 14, 2022) <p data-bbox="240 654 363 680">Interviews:</p> <ol data-bbox="240 689 517 716" style="list-style-type: none"> 1. Random Sample of Staff <p data-bbox="240 745 505 772">Findings (By Provision):</p> <p data-bbox="240 781 360 808">115.331 (a)</p> <p data-bbox="240 817 1305 844">PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p data-bbox="240 873 1490 931">SCRJDF PREA Policy (page 7) All SCRJDF staff (management, JDO's) and contract (teachers and Nurses) are mandated to receive the following training within one year following the enactment of the PREA Standards. Training topics include:</p> <ol data-bbox="240 940 1490 1503" style="list-style-type: none"> a. Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities. b. The SCRJDF has a zero-tolerance for sexual abuse and sexual harassment. c. SCRJDF Policy 3D-06-2. d. How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. e. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. f. Recognizing red flags. g. The right of detainees to be free from sexual abuse and sexual harassment. h. The right of detainees and employees to be free from retaliation for the reporting of sexual abuse and sexual harassment. i. The dynamics of sexual abuse and sexual harassment in confinement. j. The common reactions of sexual abuse and sexual harassment victims. k. How to detect and respond to signs of threatened and actual sexual abuse. l. How to avoid inappropriate relationships with detainees. m. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming detainees. n. Understanding first responder duties. o. Understanding shared information guidelines. <p data-bbox="240 1532 1406 1590">The auditor reviewed staff training records for 2020 and 2021. Staff interviewed reported receiving the training topics annually.</p> <p data-bbox="240 1619 1433 1680">The auditor reviewed the training curricula and observed relevant laws regarding the applicable age of consent was not included. The topic was added to the training requirements as part of corrective action (March 14, 2022).</p> <p data-bbox="240 1709 363 1736">115.331 (b)</p> <p data-bbox="240 1744 1460 1805">PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p data-bbox="240 1834 1445 1895">SCRJDF PREA Policy (page 7) Such training shall be tailored to the unique needs and attributes of detainees at juvenile facilities and to the gender of the juveniles at the SCRJDF.</p> <p data-bbox="240 1924 363 1951">115.331 (c)</p> <p data-bbox="240 1960 1485 2056">PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p data-bbox="240 2085 1490 2145">SCRJDF PREA Policy (page 7) All current employees who have not received such training shall be trained within one year of the effective date, October 31, 2013 of the PREA standards, and SCRJDF shall provide each employee with refresher</p>

training every year to ensure that all employees know the SCRJDF's current sexual abuse and sexual harassment policies and procedures.

The auditor reviewed the training curricula and staff training records for 2020 and 2021.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

SCRJDF PREA Policy (page 7) The SCRJDF shall document, through employee signature Staff Confirmation of Receipt of PREA that employees understand the training they have received.

The auditor reviewed staff training records for 2020 and 2021. Staff sign that they have received training.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. Corrective action is complete.

115.331 (a) Relevant laws regarding the applicable age of consent was added to the training requirements as part of corrective action (March 14, 2022).

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Volunteer/Contractor PREA Training Curriculum 3. Volunteer/Contractor Training Records 4. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.332 (a)</p> <p>PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 10</p> <p>SCRJDF PREA Policy (pages 7-8) Training topics include:</p> <ol style="list-style-type: none"> a. Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities. b. The SCRJDF has a zero-tolerance for sexual abuse and sexual harassment. c. SCRJDF Policy 3D-06-2. d. How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. e. The right of detainees to be free from sexual abuse and sexual harassment. f. How to avoid inappropriate relationships with detainees. g. Recognizing red flags. h. Understanding first responder duties. i. Understanding shared information guidelines. <p>The auditor reviewed the training curricula and found it to be inclusive of the training requirements. The auditor reviewed training records for volunteers and contractors.</p> <p>The auditor interviewed two volunteers. They both stated they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure.</p> <p>115.332 (b)</p> <p>PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The auditor interviewed two volunteers. They both reported being trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c)</p> <p>PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor reviewed volunteer and contractor training records with signatures acknowledging they understand the training they have received.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Description of Equal Opportunity Procedures 3. Interpreter Contract 4. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment (English, Spanish, Braille) 5. Poster: Break the Silence of Abuse (English and Spanish) 6. Poster: Reporting Allegations of Abuse or Assault if Detained for Immigration Purposes 7. Resident Receipt of Information About Sexual Abuse/Assault and PREA Training Video Certification 8. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: 226</p> <p>SCRJDF PREA Policy (page 8) During the intake process, detainees shall receive orientation on the following:</p> <ol style="list-style-type: none"> a. SCRJDF has a ZERO TOLERANCE policy against sexual assault/misconduct. b. Sexual assault can happen to males and females. c. Sexual assault can occur physically or verbally. d. Sexual assault occurs when a person physically touches or tries to touch another person's private parts, either on top or under clothes. e. Verbal sexual abuse occurs when a person verbally threatens to touch the private parts another person. f. Private parts include the: penis, vagina, inner thigh, buttocks, or breasts. g. Sexual assault can be reported to a friend, a SCRJDF staff member, or someone you trust. h. Sexual assault can also be reported by utilizing the SCRJDF grievance procedures. i. All persons are expected to IMMEDIATELY report any sexual assault, even if the assault happens to another person. j. Reporting a sexual assault is a serious allegation. k. ALL sexual assaults will be investigated. l. Anyone who sexually assaults another person will face criminal charges. m. Retaliation against a victim or the person who reported the sexual assault will NOT be tolerated. n. All victims and informants will be protected. o. False reporting of sexual assault will have consequences. <p>Residents are given a handbook and PREA pamphlet at intake.</p> <p>The auditor reviewed the Resident Receipt of Information About Sexual Abuse/Assault and PREA Training Video Certification for 83 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents have received a copy if the pamphlet, watched the video, they understand the zero-tolerance policy and know how to report.</p> <p>115.333 (b)</p> <p>PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 226</p> <p>Within a week at the facility the residents watch the PREA video.</p> <p>Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education during intake and watched a video.</p>

The auditor reviewed the Resident Receipt of Information About Sexual Abuse/Assault and PREA Training Video Certification for 83 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents have received a copy of the pamphlet, watched the video, they understand the zero-tolerance policy and know how to report.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

The Juvenile Detention Officer I, interviewed as Intake Staff, stated the residents are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment. Residents receive a handbook and pamphlet at intake and watch a PREA video in class.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

SCRJDF PREA Policy (page 8) Detainees with limited English proficiency and disabled detainees are provided equal opportunity to participate in or benefit from all aspects of the SCRJDF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interpreters will be provided if necessary.

The Detention Manager, the facility has established procedures to provide disabled residents 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.

The Detention Manager provided a detailed explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The resident pamphlet is formatted for residents who have disabilities. The facility has a contract for interpreting services. Posters and pamphlets are in English and Spanish.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

SCRJDF PREA Policy (page 8) Orientation is documented using a receipt form located in the intake packet. The detainees receive a handout and view a video on sexual abuse and assault.

The auditor reviewed the Resident Receipt of Information About Sexual Abuse/Assault and PREA Training Video Certification for 83 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents have received a copy of the pamphlet, watched the video, they understand the zero-tolerance policy and know how to report.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor observed posters (English and Spanish) posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment, as well as an external hotline phone number. Also, the youth are given the "What You Should Know About Sexual Abuse and Sexual Harassment pamphlet" and a Youth Handbook.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1121 533" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF PREA Training Curriculum 3. Staff Receipt of PREA 4. Staff Training Records 5. NIC Training Certificate - PREA: Investigating Sexual Abuse in a Confinement Setting 6. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="242 564 352 589">Interview:</p> <ol data-bbox="242 595 754 624" style="list-style-type: none"> 1. Investigative Staff (Administrative Investigations) <p data-bbox="242 654 505 683">Findings (By Provision):</p> <p data-bbox="242 687 362 714">115.334 (a)</p> <p data-bbox="242 721 1485 750">PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 779 1461 840">SCRJDF PREA Policy (page 8) In addition to the general training provided to all SCRJDF employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include:</p> <ol data-bbox="242 846 1273 943" style="list-style-type: none"> 1. Techniques for interviewing juvenile sexual abuse victims. 2. Sexual abuse evidence collection in confinement settings. 3. Criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p data-bbox="242 972 1485 1068">An interview with the Detention Manager/Investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received the training required by §115.331 and completed NIC specialized training topics.</p> <p data-bbox="242 1097 1449 1158">The auditor reviewed annual training required by §115.331 and NIC certificate for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the Detention Manager.</p> <p data-bbox="242 1187 362 1214">115.334 (b)</p> <p data-bbox="242 1220 1182 1348">Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 1377 1437 1438">Training is accomplished through online training presented by the National Institute of Corrections. An interview with the Detention Manager/Investigator confirmed he has received the required training.</p> <p data-bbox="242 1467 767 1496">The auditor reviewed training records for verification.</p> <p data-bbox="242 1525 362 1552">115.334 (c)</p> <p data-bbox="242 1559 1477 1619">PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1</p> <p data-bbox="242 1648 1469 1747">SCRJDF PREA Policy (page 8) This training is documented using certificate from class through Alabama Department of Corrections on PREA Investigator Training. The Detention Manager of the SCRJDF has this specialized training along with Investigators from the Shelby County Sheriff's Office.</p> <p data-bbox="242 1776 1453 1872">The auditor reviewed NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. The training was completed by the PREA Coordinator (Assistant Director)/Investigator.</p> <p data-bbox="242 1901 376 1928">Conclusion:</p> <p data-bbox="242 1935 1461 1995">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 309 376 336">Documents:</p> <ol data-bbox="240 344 794 465" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Southern Health Partners PREA Training Curriculum 3. PREA Training and Procedures for Medical Staff 4. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="240 501 363 528">Interviews:</p> <ol data-bbox="240 537 643 564" style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p data-bbox="240 591 504 618">Findings (By Provision):</p> <p data-bbox="240 627 360 654">115.335 (a)</p> <p data-bbox="240 663 1437 716">PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol data-bbox="240 725 1485 851" style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 2 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p data-bbox="240 887 1449 940">SCRJDF PREA Policy (page 9) In addition to the general training provided to all employees, all full and part-time medical and mental health care practitioners who work regularly in the SCRJDF have been trained in:</p> <ol data-bbox="240 949 1313 1075" style="list-style-type: none"> a. How to preserve physical evidence of sexual abuse; b. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; c. How to detect and assess signs of sexual abuse and sexual harassment; and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 1111 1485 1164">Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 1200 962 1227">The auditor reviewed the training certificates and records for verification.</p> <p data-bbox="240 1263 360 1290">115.335 (b)</p> <p data-bbox="240 1299 1417 1352">PAQ: The SCRJDF does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p data-bbox="240 1388 1473 1415">Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the SCRJDF.</p> <p data-bbox="240 1442 360 1469">115.335 (c)</p> <p data-bbox="240 1478 1417 1532">PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p data-bbox="240 1568 1481 1621">SCRJDF PREA Policy (page 9) Training shall be documented by having Medical and Mental Health Practitioners signatures stating they have received PREA training and understand the training they have received.</p> <p data-bbox="240 1657 962 1684">The auditor reviewed the training certificates and records for verification.</p> <p data-bbox="240 1720 360 1747">115.335 (d)</p> <p data-bbox="240 1756 1465 1809">Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.</p> <p data-bbox="240 1845 1481 1899">The medical staff receive training from the facility as well as Southern Health Partners. The Southern Health Partners PREA Training Curriculum is inclusive of the specialized training topics.</p> <p data-bbox="240 1935 1246 1962">The auditor reviewed the training curriculum, training certificates, and training records for verification.</p> <p data-bbox="240 1998 376 2024">Conclusion:</p> <p data-bbox="240 2033 1465 2087">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization (January 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 226; The PAQ entry was incorrect. 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% <p>The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p>SCRJDF PREA Policy (page 9) Detainees are screened for risk of sexual victimization or risk of sexually abusing other detainees beginning upon intake and through the first 72 hours of their arrival at the facility. Risk assessment is conducted by using the SCRJDF Form 115.341.1 -- Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization. The SCRJDF reassess each detainee's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the detainee's arrival at the facility, based upon any additional, relevant information received by the SCRJDF since the intake screening. The detainee's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness using the SCRJDF Form 115.341.1-PREA Risk Assessment.</p> <p>The Juvenile Detention Officer I, interviewed as Staff Responsible for Risk Screening, confirmed he screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated he screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and reviewing previous documents when available. Resident's risk levels are reassessed within 30 days and.</p> <p>Ten (10) residents were interviewed with the resident interview questionnaire. Eight of the ten residents confirmed they were asked questions like the following examples at intake:</p> <ol style="list-style-type: none"> 1. Have you have ever been sexually abused? 2. Do you identify with being gay, bisexual, or transgender? 3. Do you have any disabilities? 4. Do you think you might be in danger of sexual abuse at the facility? <p>Two of the eight residents interviewed entered the facility past 12 months.</p> <p>The auditor reviewed twenty-seven risk screens and reassessments for residents interviewed and for the twelve month audit period. Of the twelve initial risk screens reviewed, all were completed on the day of intake or the day after. Nine reassessments were reviewed. Of the nine reassessments reviewed, seven reassessments were completed within thirty days and two reassessments were completed within sixty days. The auditor reviewed six risk screens for longer term residents.</p>

Their risk level was reassessed using the updated risk screen.

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c)

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

The auditor reviewed facility's risk screening instrument and discovered the following items prescribed by the PREA standard were missing: 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.

The Detention Manager updated the risk screening instrument to be fully inclusive of all criteria prescribed by the prescribed by the PREA standard. The updated risk screening instrument was implemented in January 2022. The auditor reviewed the updated Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

The interview with the Staff Responsible for Risk Screening revealed the information is ascertained through conversations with the residents using the Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization. Other documents are referred to when available.

115.341 (e)

The PREA Coordinator, and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

115.341 (c) The risk screening instrument was updated to be fully inclusive of all items prescribed by the PREA standard (January 2022).

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 1251 434" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="240 465 363 488">Interviews:</p> <ol data-bbox="240 497 1294 757" style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Staff who Supervise Residents in Isolation 5. Medical Staff 6. Mental Health Staff 7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – one bisexual resident <p data-bbox="240 788 528 810">Site Review Observations:</p> <p data-bbox="240 819 762 846">Observations during on-site review of physical plant</p> <p data-bbox="240 878 507 904">Findings (By Provision):</p> <p data-bbox="240 913 363 936">115.342 (a)</p> <p data-bbox="240 945 1410 1008">PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1039 1485 1128">SCRJDF PREA Policy (page 9) Information is obtained during the intake screening and subsequently, to make housing, bed, program, education, and work assignments for detainees with the goal of keeping all detainees safe and free from sexual abuse.</p> <p data-bbox="240 1160 1465 1254">The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.</p> <p data-bbox="240 1285 1490 1411">The auditor reviewed the Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization form. The form indicates if special housing is required based on risk level. The Detention Manager explained staff is aware of residents who are aggressive or are detained for sex offenses based on the color provided on the housing sheet. The color coding system is as follows:</p> <ol data-bbox="240 1420 692 1612" style="list-style-type: none"> a. Yellow-Lockdown b. Red-Aggressive c. Purple-Co-defendants d. Orange-Keep separated e. Blue-Suicide Risk f. Pink-Sex offender or accused sex offender <p data-bbox="240 1644 363 1666">115.342 (b)</p> <p data-bbox="240 1675 1465 1836">PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p data-bbox="240 1868 469 1890">In the past 12 months:</p> <ol data-bbox="240 1899 1485 2060" style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0 3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A <p data-bbox="240 2092 1490 2154">SCRJDF PREA Policy (page 9) Detainees may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other detainees safe, and then only until an alternative means of keeping them safe can be</p>

arranged. During any period of isolation, detainees shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Detainees in isolation shall receive daily visits from management, detention staff supervisors, counselor and/or medical staff (this will vary from day to day but contact/daily visits will be made and behavior reviewed to see if detainee may be removed from isolation cell). Detainees shall also have access to other programs and work opportunities to the extent possible. This will be documented on isolation/holding visual observation log and pass on book.

The Detention Manager confirmed residents are only isolated from others 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. He reiterated there have been no PREA related allegations, therefore there is no length of time residents have been placed in isolation.

The Juvenile Detention Officer, interviewed as staff who supervise residents in isolation, reported when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, education, and work opportunities (to the extent possible).

The mental health staff stated she would meet with clients who are in isolation as needed. Safety measures are taken on case-by-case basis.

The medical staff stated she would meet with residents in isolation as requested or recommended.

During the site review the auditor observed the two isolation cells. The cells were unoccupied.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

SCRJDF PREA Policy (page 9) Lesbian, gay, bisexual, transgender, or intersex juveniles shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the SCRJDF consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

The PREA Coordinator confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

One resident identified as bisexual. She confirmed she was not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents.

During the site review the auditor observed there is no special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

SCRJDF PREA Policy (page 10) In deciding whether to assign a transgender or intersex detainee to housing and programming assignments, the SCRJDF shall consider on a case-by-case basis whether a placement would ensure the detainee's health and safety, and whether the placement would present management or security problems.

The PREA Coordinator confirmed housing and programming assignments for transgender male, transgender female, or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

There were no identified transgender or intersex residents present during the onsite phase of the audit.

115.342 (e)

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

SCRJDF PREA Policy (page 10) Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee using SCRJDF Form 115.341.1 PREA Risk Reassessment.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

SCRJDF PREA Policy (page 10) A transgender or intersex detainee's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

SCRJDF PREA Policy (page 10) Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.

During the site review the auditor observed the showers. Transgender and intersex residents would be given the opportunity to shower separately from other residents. All residents shower one at a time. The showers could take place in intake if needed.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

SCRJDF PREA Policy (page 10) It is prohibited to place detainees at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. All isolations are documented.

No residents at risk of sexual victimization were held in isolation in the past 12 months. SCRJDF has not used isolation for residents at risk of sexual victimization.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

SCRJDF PREA Policy (page 10) Separation from the general population is assessed every 30 days.

No residents at risk of sexual victimization were held in isolation in the past 12 months. SCRJDF has not used isolation for residents at risk of sexual victimization.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Third-Party Reporting Form 3. Grievance Form 4. Poster: Break the Silence of Abuse 5. Poster: Reporting Allegations of Abuse or Assault if Detained for Immigration Purposes 6. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment 7. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse (none) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.351 (a)</p> <p>PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>SCRJDF PREA Policy (page 10) There are multiple internal ways for detainees to report privately to facility or external officials about: Sexual abuse or harassment; retaliation by other detainees or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance or letter.</p> <p>The auditor observed reporting information is available in the "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure and "Break the Silence of Abuse" poster.</p> <p>115.351 (b)</p> <p>PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>SCRJDF PREA Policy (page 10) There are multiple internal ways for detainees to report privately to facility or external officials about: Sexual abuse or harassment; retaliation by other detainees or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The PREA Coordinator identified the Alabama Department of Youth Services Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance or letter. Residents also could identify someone that does not work at the facility they could report to.</p> <p>The auditor observed residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. This information is included on the "Reporting Allegations of Abuse or Assault if Detained for Immigration Purposes" poster.</p> <p>115.351 (c)</p> <p>PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in</p>

writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: 1 hour

SCRJDF PREA Policy (page 10) Staff accepts reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports.

Staff interviewed confirmed verbal reports would be documented immediately.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Coordinator confirmed tools are provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed a locked grievance.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: emails, new employee training and posters

SCRJDF PREA Policy (page 10) Staff may privately report sexual abuse and sexual harassment of detainees.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by meeting privately with the Detention Manager or calling the hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Grievance Form 3. Resident PREA Flyer 4. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <p>Residents who Reported a Sexual Abuse - None present</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>The auditor reviewed the Resident PREA Flyer and verified relevant information is provided.</p> <p>115.352 (b)</p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>SCRJDF PREA Policy (page 10) The SCRJDF shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The SCRJDF may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The SCRJDF shall not require a detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the SCRJDF's ability to defend against a lawsuit filed by a detainee on the ground that the applicable statute of limitations has expired.</p> <p>The auditor reviewed the Resident PREA Flyer and verified relevant information is provided.</p> <p>115.352 (c)</p> <p>PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>SCRJDF PREA Policy (page 10) A detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>The auditor reviewed the Resident PREA Flyer and verified relevant information is provided.</p> <p>115.352 (d)</p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of grievances that were filed that alleged sexual abuse: 0 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0 <p>SCRJDF PREA Policy (page 10) A final SCRJDF decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by detainees in preparing any administrative appeal. The SCRJDF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The SCRJDF shall notify the detainee in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including any properly noticed extension, the detainee may consider the absence of a response to be a denial at that level.</p>

115.352 (e)

PAQ: The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

If an abuse allegation is discovered, multiple policies require documentation of the allegation and of the response to that allegation, including the youth's participation in the investigation.

SCRJDF PREA Policy (page 11) Third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of detainees. If a third party, other than a parent or legal guardian, files such a request on behalf of a detainee, the SCRJDF may require as a condition of processing the request that the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the detainee declines to have the request processed on his or her behalf, the SCRJDF shall document the detainee's decision. A parent or legal guardian of a detainee shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such detainee. Such a grievance shall not be conditioned upon the detainee agreeing to have the request filed on his or her behalf.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

SCRJDF PREA Policy (page 11) After receiving an emergency grievance alleging a detainee is subject to a substantial risk of imminent sexual abuse, the SCRJDF shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final SCRJDF decision shall document the SCRJDF's determination whether the detainee is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

SCRJDF PREA Policy (page 11) The SCRJDF may discipline a detainee for filing a grievance related to alleged sexual abuse only where the SCRJDF demonstrates that the detainee filed a false grievance.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Poster: Crisis Center 3. Poster: Safe House 4. MOU: Safehouse 5. MOU: Crisis Center, Inc. 6. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent of Designee 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>SCRJDF PREA Policy (page 11) The SCRJDF provides access to outside victim advocates for emotional support services related to sexual abuse by providing detainees access to telephone and giving them the number of 24-hour hotline for Crisis Center located in Birmingham, Alabama. The number is 323-777, toll free number is 1-800-273-8255. Their website is www.crisiscenterbham.com. The SCRJDF has a contract for professional services with Owens House, the Shelby County Children's Advocacy Center, Inc. The SCRJDF also has counseling services provided by Chilton Shelby Mental Health.</p> <p>Residents are informed of contact information for Safe House and the Crisis Center, Inc. through printed materials that are posted in the classrooms, as well as in each pod. Telephone numbers and mailing addresses are provided.</p> <p>The auditor reviewed the MOUs to provide residents with emotional support services related to sexual abuse with Safe House and the Crisis Center, Inc. The auditor contacted Safe House and the Crisis Center, Inc, and confirmed victim advocacy is available to the youth at the facility.</p> <p>The auditor observed residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. This information is included on the "Reporting Allegations of Abuse or Assault if Detained for Immigration Purposes" poster.</p> <p>Resident interviews revealed residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it.</p> <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>SCRJDF PREA Policy (page 11) The detainee will be given privacy to make these type of phone calls. The SCRJDF staff will inform the detainees they will be on video during telephone call but not audio. The SCRJDF staff will place the call and then leave the detainee to have a private conversation with the advocate. The SCRJDF staff will also inform the detainee that they are mandatory reporters and any reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported.</p>

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

SCRJDF PREA Policy (page 11) The SCRJDF has a contract for professional services with Owens House, the Shelby County Children's Advocacy Center, Inc. The SCRJDF also has counseling services provided by Chilton Shelby Mental Health.

The auditor reviewed the MOUs to provide residents with emotional support services related to sexual abuse with Safe House and the Crisis Center, Inc. The auditor contacted Safe House and the Crisis Center, Inc and confirmed victim advocacy is available to the youth at the facility.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

SCRJDF PREA Policy (page 11) The SCRJDF shall make available the contact visitation room (CVR) for attorney and parent/legal guardian visitations. This room also has access to telephone for the detainee to have a private conversation with their attorney if necessary.

The Detention Manager/PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Website: Third-Party Reporting Form 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>§115.354</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>SCRJDF PREA Policy (page 11) There is a method to receive third-party reports of juvenile sexual abuse or sexual harassment (this is posted on county website www.shelbyal.com go to departments Juvenile Detention with access to confidential e-mail contact, in house it is done by SCRJDF grievance procedures). The SCRJDF publicly distributes information on its website about PREA and how to report detainee sexual abuse or sexual harassment on behalf of detainees.</p> <p>The auditor observed the third-party reporting form is available on the agency's website.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. PREA Coordinator 3. Random Sample of Staff 4. Medical and Mental Health Staff – N/A <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>SCRJDF PREA Policy (page 12) All staff is required to report immediately in writing and according to SCRJDF policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred within the SCRJDF. All staff is required to report immediately retaliation against detainees or staff who reported such an incident. All staff is required to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b)</p> <p>PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>SCRJDF PREA Policy (page 12) The SCRJDF shall report all allegations of sexual abuse and sexual harassment.</p> <p>Staff interviews confirmed they are aware of laws related to mandatory reporting of sexual abuse.</p> <p>115.361 (c)</p> <p>PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>SCRJDF PREA Policy (page 12) Staff is prohibited from revealing any sensitive information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Staff interviewed were knowledgeable that SCRJDF policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.361 (d)</p> <p>SCRJDF policy is silent on this standard provision.</p> <p>Interviews with the medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The medical and mental health staff interviewed reported they have not become aware of such incidents at the Shelby County Regional Juvenile Detention Facility.</p> <p>115.361 (e)</p> <p>SCRJDF policy is silent on this standard provision.</p>

The Detention Manager/PREA Coordinator stated when the facility receives an allegation of sexual abuse, they report the allegation to law enforcement and DHR. If the victim is under the guardianship of the DHR, he stated the allegation would be reported to the victim's social worker. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record.

115.361 (f)

SCRJDF PREA Policy (page 12) The SCRJDF shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The SCRJDF will contact the Shelby County District Attorney's office and the Shelby County Department of Human Resources.

The Detention Manager confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous sources, are reported to investigators.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

The auditor suggests policy is updated to be fully inclusive of all standard provisions.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. Superintendent or Designee (Detention Manager) 3. Random Sample of Staff <p>Findings:</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>SCRJDF PREA Policy (page 12) When the SCRJDF learns that a detainee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the detainee.</p> <p>The Detention Manager confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the resident from the risk.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1085 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 742 434" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Reporting to Other Confinement Facilities Form 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 363 488">Interviews:</p> <ol data-bbox="242 495 762 557" style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. Superintendent or Designee (Detention Manager) <p data-bbox="242 586 504 616">Findings (By Provision):</p> <p data-bbox="242 622 360 651">115.363 (a)</p> <p data-bbox="242 656 1492 781">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="242 810 1458 871">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p data-bbox="242 900 1489 1030">SCRJDF PREA Policy (page 12) Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Detention Manager or the designee of the SCRJDF shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency using the SCRJDF Reporting to Other Confinement Facilities Form.</p> <p data-bbox="242 1059 363 1088">115.363 (b)</p> <p data-bbox="242 1093 1473 1153">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1182 1445 1243">SCRJDF PREA Policy (page 12) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1272 363 1301">115.363 (c)</p> <p data-bbox="242 1305 1425 1335">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="242 1364 1236 1393">SCRJDF PREA Policy (page 12) The SCRJDF shall document that it has provided such notification.</p> <p data-bbox="242 1422 363 1451">115.363 (d)</p> <p data-bbox="242 1456 1476 1552">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1581 1310 1610">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="242 1639 1418 1700">SCRJDF PREA Policy (page 12) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1729 1481 1825">The Detention Manager confirmed when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the Detention Manager would be contacted and the investigation would begin.</p> <p data-bbox="242 1854 376 1883">Conclusion:</p> <p data-bbox="242 1888 1468 1948">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. First Responder Checklist 3. First Responder Guidelines for Sexual Assault 4. Guidelines for Shared Information 5. NIC Certificates 6. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations:</p> <ol style="list-style-type: none"> 1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A 2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A 3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: N/A 4. The number of times the first security staff member to respond to the report requested 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: N/A 5. The number of times the first security staff member to respond to the report ensured 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: N/A <p>SCRJDF PREA Policy (page 12) First responder duties include:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p>115.364 (b)</p> <p>PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be</p>

required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

SCRJDF PREA Policy (page 13) If the first staff responder is not a JDO, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the JDO staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Written Institutional Plan: Coordinated Response Plan for Sexual Abuse Allegations 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>SCRJDF PREA Policy (page 13) This SCRJDF written institutional plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Coordinated Response Plan for Sexual Abuse Allegations is a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigator, and facility leadership.</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Detention Manager confirmed the facility has a Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>SCRJDF PREA Policy (page 13) Separation of the victim and perpetrator is done during the first response for the protection of the victim. If this involves staff the SCRJDF management (Detention Manager, and/or Assistant Detention Manager) will take appropriate and necessary steps to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Detention Manager and/or Assistant Detention Manager will notify County Detention Manager and Detention Manager of Personnel Services. This investigation will be documented and placed in the staff members personnel file.</p> <p>The Detention Manager confirmed SCRJDF has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b)</p> <p>The Detention Manager confirmed SCRJDF has not entered into or renewed any collective bargaining agreements.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
---------	--

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Protections against Retaliation Form 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. Superintendent or Designee (Detention Manager) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present <p>Findings (By Provision):</p> <p>115.367 (a)</p> <p>PAQ: The agency has 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.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The name(s) of the staff member(s): Tim Bullard The title(s) of the staff member(s): Detention Manager</p> <p>SCRJDF PREA Policy (page 13) All detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are to be protected from retaliation by other detainees or staff. The SCRJDF management staff will be charged with monitoring for retaliation.</p> <p>115.367 (b)</p> <p>The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>SCRJDF PREA Policy (page 13) Protective measures against retaliation include:</p> <ol style="list-style-type: none"> a. Housing changes for detainee victims or abusers. b. Removal of alleged staff or detainee abusers from contact with victims. c. Emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <p>The interview with the Detention Manager confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by separation through housing relocation for residents, and keeping staff members in opposite pods. The staff would have no contact with the resident.</p> <p>The Juvenile Detention Officer II would monitor for potential retaliation. Housing changes could be made and staff scheduling assignments could be adjusted.</p> <p>115.367 (c)</p> <p>PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.</p> <p>The length of time that the agency and/or facility monitors the conduct or treatment: 90 days The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p>SCRJDF PREA Policy (page 13) Retaliation will be monitored for 90 days with weekly status checks. At that time it will discontinue if there is no further threat of retaliation or continue as needed using the SCRJDF Protections against Retaliation form.</p> <p>The Detention Manager stated he would investigate and question witnesses when he suspects retaliation.</p> <p>The Juvenile Detention Officer II stated things he looks for to detect possible retaliation includes monitoring the conduct or treatment of residents or staff to determine if there are changes that may suggest possible retaliation. He would monitor</p>

resident disciplinary reports, housing and program changes, and negative performance reviews or reassignments of staff. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days, but longer if monitoring indicates a continued need.

115.367 (d)

SCRJDF PREA Policy (page 13) Retaliation will be monitored for 90 days with weekly status checks.

The Juvenile Detention Officer II stated he is charged with conducting periodic status checks.

115.367 (e)

SCRJDF PREA Policy (page 13) Protective measures against retaliation include emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Detention Manager stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes informing them of the retaliation policy and how to report. Separation would be made to the extent possible. He would investigate and question witnesses when he suspects retaliation.

115.367 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.368	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>SCRJDF PREA Policy (page 13) The SCRJDF uses isolation of the victim only as a last resort to protect the victim, or only for a short-term basis at the victim's request. From the moment an allegation of sexual abuse is received the SCRJDF works with CSMH, medical staff, law enforcement and investigators to ensure the victim's safety and separation from the abuser.</p> <p>The Detention Manager confirmed the facility has not used segregated housing in this manner. He stated residents would only be isolated from others 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.</p> <p>The Juvenile Detention Officer, interviewed as staff who supervise residents in isolation, reported when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, education, and work opportunities (to the extent possible).</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
---------	---

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF PREA Training Curriculum 3. Staff Receipt of PREA 4. Staff Training Records 5. NIC Training Certificate - PREA: Investigating Sexual Abuse in a Confinement Setting 6. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. PREA Coordinator 3. Investigative Staff (Detention Manager) 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>SCRJDF PREA Policy (pages 13-14) outlines the criminal and administrative agency investigations policy.</p> <p>The PREA Coordinator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated within one hour. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p>115.371 (b) Shelby County Regional Juvenile Detention Facility does not conduct criminal investigations.</p> <p>Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>SCRJDF PREA Policy (page 13) Trained investigators will conduct investigations.</p> <p>The auditor reviewed annual training required by §115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the Detention Manager/Administrative Investigator.</p> <p>The Detention Manager confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He confirmed receiving the specialized topics required by the standard provision.</p> <p>115.371 (c) SCRJDF PREA Policy (page 13) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>The Detention Manager stated the first steps he would take in initiating an investigation be to immediately collect evidence. If staff receives the report they call the Detention Manager and collect evidence is possible. If need be the Detention Manager calls law enforcement and DHR. The Detention Manager then will conduct interviews as needed until a determination is made. Direct and circumstantial evidence he may be responsible for gathering in an investigation of an incident of sexual abuse would include clothing, bedding, and interviews.</p> <p>There were no investigation reports.</p> <p>115.371 (d) PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>SCRJDF PREA Policy (page 13) The SCRJDF shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>The Detention Manager confirmed an investigation does not terminate if the source of the allegation recants his/her allegation.</p>

115.371 (e)

SCRJDF PREA Policy (page 14) When the quality of evidence appears to support criminal prosecution, the SCRJDF shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent prosecution.

The Detention Manager confirmed if he were to discover evidence that a prosecutable crime may have taken place, he would consult with local law enforcement before conducting compelled interviews.

115.371 (f)

SCRJDF PREA Policy (page 14) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee or staff.

The Detention Manager stated he judges the credibility of an alleged victim, suspect, or witness based on the preponderance of evidence. All reports are investigated. He confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

SCRJDF PREA Policy (page 14) Administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Detention Manager stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include looking at all aspects to make sure staff create a safe environment. He confirmed administrative investigations are documented. Reports would include interviews and camera footage if available.

115.371 (h)

SCRJDF PREA Policy (page 14) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Criminal investigations are conducted by the Shelby County Sheriff's Office or Columbiana Police Department. The Detention Manager would document the referral to law enforcement.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

SCRJDF PREA Policy (page 14) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Law enforcement would refer substantiated allegations that appear to be criminal for prosecution.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

SCRJDF PREA Policy (page 14) The SCRJDF shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the SCRJDF, plus five years, unless the abuse was committed by a detainee and applicable law requires a shorter period of retention.

There were no investigation reports.

115.371 (k)

SCRJDF PREA Policy (page 14) The departure of the alleged abuser or victim from the employment or control of the SCRJDF shall not provide a basis for terminating an investigation.

The Detention Manager confirmed an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. Local law enforcement would be the investigating entity. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation he would complete the investigation.

115.371 (m)

SCRJDF PREA Policy (page 14) When outside agencies investigate sexual abuse, the SCRJDF shall cooperate with outside

investigators and shall endeavor to remain informed about the progress of the investigation.

The Detention Manager confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. He stated the role he plays when an outside agency investigates an incident of sexual abuse in the facility includes providing is asked from him.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>SCRJDF PREA Policy (page 14) The SCRJDF will evaluate all PREA cases to the standard of preponderance of the evidence.</p> <p>The interview with the Detention Manager confirmed this policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Detainee Notification of Investigative Outcome 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. Investigative Staff 3. Residents who Reported a Sexual Abuse <p>Findings (by provision):</p> <p>115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 <p>SCRJDF PREA Policy (page 14) Following an investigation into a detainee's allegation of sexual abuse suffered in the SCRJDF, the SCRJDF shall inform the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using the SCRJDF Detainee Notification of Investigative Outcome.</p> <p>The auditor reviewed the SCRJDF Detainee Notification of Investigative Outcome. Residents would be informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>115.373 (b)</p> <p>PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0 <p>SCRJDF PREA Policy (page 14) If the SCRJDF did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the detainee.</p> <p>115.373 (c)</p> <p>PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.</p> <p>SCRJDF PREA Policy (page 14) Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the SCRJDF shall subsequently inform the detainee(unless the SCRJDF has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> a. The staff member is no longer posted within the detainee's unit;

- b. The staff member is no longer employed at the SCRJDF;
- c. The SCRJDF learns that the staff member has been indicted on a charge related to sexual abuse within the SCRJDF; or
- d. The SCRJDF learns that the staff member has been convicted on a charge related to sexual abuse within the SCRJDF.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

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

SCRJDF PREA Policy (page 14) Following a detainee's allegation that he or she has been sexually abused by another detainee, the SCRJDF shall subsequently inform the alleged victim whenever:

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

The auditor reviewed the SCRJDF Detainee Notification of Investigative Outcome for verification notifications to residents would include the standard provision requirements.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

- 1. The number of notifications to residents that were made pursuant to this standard: 0
- 2. The number of those notifications that were documented: 0

SCRJDF PREA Policy (page 15) All such notifications or attempted notifications shall be documented.

The auditor reviewed the SCRJDF Detainee Notification of Investigative Outcome for verification notifications to residents described under this standard are documented.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

SCRJDF PREA Policy (page 15) The SCRJDF obligation to report under this standard shall terminate if the detainee is released from the SCRJDF's custody.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 675 400" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="242 430 501 459">Findings (by provision):</p> <p data-bbox="242 463 362 490">115.376 (a)</p> <p data-bbox="242 497 1445 557">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 586 1465 647">SCRJDF PREA Policy (page 15) Staff shall be subject to disciplinary sanctions up to and including termination for violating SCRJDF sexual abuse or sexual harassment policies.</p> <p data-bbox="242 676 362 703">115.376 (b)</p> <p data-bbox="242 710 467 739">In the past 12 months:</p> <ol data-bbox="242 745 1481 840" style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 <p data-bbox="242 869 1473 929">SCRJDF PREA Policy (page 15) Termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse.</p> <p data-bbox="242 958 362 985">115.376 (c)</p> <p data-bbox="242 992 1445 1086">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p data-bbox="242 1115 1445 1176">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1205 1481 1299">SCRJDF PREA Policy (page 15) Disciplinary sanctions for violations of SCRJDF policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1328 362 1355">115.376 (d)</p> <p data-bbox="242 1361 1490 1456">PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1485 1458 1579">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1608 1474 1740">SCRJDF PREA Policy (page 15) All terminations for violations of SCRJDF sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to the Alabama Department of Youth Services (the licensing body of the SCRJDF).</p> <p data-bbox="242 1769 376 1796">Conclusion:</p> <p data-bbox="242 1803 1465 1863">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 675 400" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="242 432 352 456">Interview:</p> <ol data-bbox="242 463 764 492" style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) <p data-bbox="242 521 501 548">Findings (by provision):</p> <p data-bbox="242 555 362 582">115.377 (a)</p> <p data-bbox="242 589 1473 680">PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="242 712 1473 775">In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 801 1473 896">SCRJDF PREA Policy (page 15) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="242 927 362 954">115.377 (b)</p> <p data-bbox="242 960 1485 1023">PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1055 1437 1146">SCRJDF PREA Policy (page 15) The SCRJDF shall take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees, in the case of any other violation of SCRJDF sexual abuse or sexual harassment policies by contractor or volunteer.</p> <p data-bbox="242 1178 1461 1240">The Detention Manager stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include prohibiting entry into the facility.</p> <p data-bbox="242 1270 376 1294">Conclusion:</p> <p data-bbox="242 1301 1466 1364">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 675 398" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="240 432 363 454">Interviews:</p> <ol data-bbox="240 463 764 490" style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) <p data-bbox="240 521 501 548">Findings (by provision):</p> <p data-bbox="240 557 360 584">115.378 (a)</p> <p data-bbox="240 593 1461 712">PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 745 469 772">In the past 12 months:</p> <ol data-bbox="240 781 1385 842" style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p data-bbox="240 871 1461 965">SCRJDF PREA Policy (page 15) A detainee may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse. The detainee's JPO will be notified of these sanctions.</p> <p data-bbox="240 996 360 1023">115.378 (b)</p> <p data-bbox="240 1032 1485 1223">PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 1254 469 1281">In the past 12 months:</p> <ol data-bbox="240 1290 1442 1480" style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A 3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A <p data-bbox="240 1512 1485 1702">SCRJDF PREA Policy (page 15) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. In the event a disciplinary sanction results in the isolation of a detainee, the SCRJDF shall not deny the detainee daily large-muscle exercise or access to any legally required educational programming or special education services. Detainees in isolation shall have access to medical and/or mental health care. Detainees shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 1733 1485 1897">The Detention Manager stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of privileges. If it were criminal it is up to the legal system. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. SCRJDF would only use isolation if it is best for the safety of all involved.</p> <p data-bbox="240 1928 360 1955">115.378 (c)</p> <p data-bbox="240 1964 1461 2024">SCRJDF PREA Policy (page 15) The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 2056 1315 2083">The Detention Manager stated mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 2114 360 2141">115.378 (d)</p>

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

SCRJDF PREA Policy (page 15) Therapy and counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse will be included in a Detainee's Individual Service Plan.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

SCRJDF PREA Policy (page 15) A detainee may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

SCRJDF PREA Policy (pages 15-16) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

SCRJDF PREA Policy (page 16) All sexual activity between detainees is prohibited and subject to disciplinary sanctions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Follow-up Meeting Form (April 8, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <p>Findings (by provision):</p> <p>115.381 (a)</p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>SCRJDF PREA Policy (page 16) If the screening indicates that a detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake screening.</p> <p>The Juvenile Detention Officer 1, interviewed as Staff Responsible for Risk Screening, stated if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a meeting with a medial or mental health practitioner within 14 days.</p> <p>Four residents were identified as reporting prior sexual victimization during risk screening. The residents confirmed they were offered and accepted a meeting with a mental health care practitioner within 14 days.</p> <p>The Detention Manager developed a form to improve documenting the follow-up meetings (April 8, 2022). The form states SCRJDF offers anyone who reports prior victimization of sexual abuse a follow-up meeting with mental health within 14 days of intake. Resident sign that they accept or decline the meeting. Additionally, the form states if a resident refuses the meeting they can still request a meeting at a later time. The auditor reviewed two examples of the newly implemented form.</p> <p>115.381 (b)</p> <p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>SCRJDF PREA Policy (page 16) If the screening indicates that a detainee has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the detainee is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>The Juvenile Detention Officer 1, interviewed as Staff Responsible for Risk Screening, stated if a screening indicates that a resident has previously perpetrated sexual abuse, the resident is offered a meeting with a medial or mental health practitioner within 14 days.</p> <p>115.381 (c)</p> <p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p>

SCRJDF PREA Policy (page 16) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Site Review: The auditor observed records are maintained in a locked file cabinet and all new records are stored electronically. The medical staff stated the individuals who have access to medical and mental health care files includes the Detention Manager, mental health staff, and medical staff,

115.381 (d)

PAQ: 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.

SCRJDF PREA Policy (page 16) Medical and mental health practitioners shall obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18.

The interview with medical staff confirmed she obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. She added she is obligated to report.

The interview with mental health staff confirmed she obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. She stated she discusses limits to confidentiality during the initial encounter with clients through informed consent. Additionally, clients are provided with a client handbook detailing informed consent, personal health information, grievance/appeal procedures, etc. She added she is a mandated reporter.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. Corrective action is complete.

115.381 (a) Form developed to improve documenting the follow-up meetings (April 8, 2022).

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Safehouse: https://safehouse.org/ 3. Crisis Center: https://www.crisiscenterbham.org/ 4. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse - none 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>SCRJDF PREA Policy (page 16) Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment.</p> <p>The auditor contacted Crisis Center and Safehouse. Services would be available to resident victims of sexual abuse at the facility.</p> <p>115.382 (b)</p> <p>PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>SCRJDF PREA Policy (page 16) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>115.382 (c)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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.</p> <p>SCRJDF PREA Policy (page 16) Detainee victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Medical staff confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Crisis Center and Safehouse would provide services.</p> <p>115.382 (d)</p>

PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SCRJDF PREA Policy (page 16) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Safehouse: https://safehouse.org/ 3. Crisis Center: https://www.crisiscenterbham.org/ 4. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse – none present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a)</p> <p>PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>SCRJDF PREA Policy (page 16) The SCRJDF shall offer medical and mental health evaluations, and as appropriate, treatment to all detainees who have been victimized by sexual abuse.</p> <p>The auditor observed medical facilities during the site review. Additionally, services are available at Safehouse and Crisis Center.</p> <p>115.383 (b)</p> <p>SCRJDF PREA Policy (page 16) The evaluation and treatment of victims, shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>The medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. The medical staff stated services would be made available through Central Alabama Wellness. The mental health staff stated she would assess the need for continued treatment and appropriate level of care within her scope of practice.</p> <p>115.383 (c)</p> <p>SCRJDF PREA Policy (page 16) The SCRJDF shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>The medical and mental health staff interviewed confirmed medical and mental health services are consistent with the community level of care.</p> <p>115.383 (d)</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>SCRJDF PREA Policy (page 16) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>115.383 (e)</p> <p>PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>SCRJDF PREA Policy (page 17) If pregnancy results, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>Safehouse and Crisis Center medical personnel provide information and treatment for possible pregnancy. The medical staff confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.383 (f)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically</p>

appropriate.

SCRJDF PREA Policy (page 17) Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are 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.

SCRJDF PREA Policy (page 16) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

SCRJDF PREA Policy (page 17) The SCRJDF shall attempt to conduct a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted within 72 hours.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DYS Policy S 9.19 Sexual Abuse and Sexual Harassment Prevention 2. SCRJDF Sexual Abuse Critical Incident Review form 3. Shelby County Regional Juvenile Detention Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Manager) 2. PREA Coordinator 3. Incident Review Team <p>Findings (by provision):</p> <p>115.386 (a)</p> <p>PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p>SCRJDF PREA Policy (page 17) The SCRJDF PREA Coordinator shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded, using the SCRJDF Sexual Abuse Critical Incident Review.</p> <p>115.386 (b)</p> <p>PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p>SCRJDF PREA Policy (page 17) The review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>115.386 (c)</p> <p>PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>SCRJDF PREA Policy (page 17) The review team shall include SCRJDF management officials, with input from JDO II's, investigators, and medical or mental health practitioners.</p> <p>The Detention Manager confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.386 (d)</p> <p>PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.</p> <p>SCRJDF PREA Policy (page 17) The review team shall:</p> <ol style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the SCRJDF; c. Examine the area in the SCRJDF where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Prepare a report of its findings, make recommendations for improvement and submit the report to the County Manager and the SCRJDF PREA Coordinator.

The Detention Manager was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor reviewed the SCRJDF Sexual Abuse Critical Incident Review form.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

SCRJDF PREA Policy (page 17) The SCRJDF shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>SCRJDF PREA Policy (page 17) All incidents that meet the definitions of sexual assault/abuse under the PREA standards shall be documented using the Department of Justice Form SSV-IJ and maintained in the PREA files in the Detention Manager/PREA Coordinator's office at the SCRJDF. The SCRJDF shall cooperate with the DYS PREA Coordinator in completing an Annual Survey on Sexual Violence Report to the Justice Department.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>The auditor reviewed the aggregated data from 2019-2021.</p> <p>115.387 (c) PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>There were no allegations during the past three years.</p> <p>115.387 (e) This standard provision is nonapplicable. SCRJDF does not contract for the confinement of its residents.</p> <p>115.387 (f) The Department of Justice (DOJ) did not request data from the previous calendar year.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 309 376 336">Documents:</p> <ol data-bbox="240 344 1307 434" style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Annual Reports (2019-2021) Annual Survey Report of Sexual Violence For The SCRJDF (shelbyal.com) 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p data-bbox="240 465 363 492">Interviews:</p> <ol data-bbox="240 501 619 560" style="list-style-type: none"> 1. Agency Head (Detention Manager) 2. PREA Coordinator <p data-bbox="240 591 501 618">Findings (by provision):</p> <p data-bbox="240 627 360 654">115.388 (a)</p> <p data-bbox="240 663 1386 721">PAQ: The agency reviews 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, and training, including:</p> <ol data-bbox="240 730 1453 851" style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 882 1481 976">SCRJDF PREA Policy (pages 17-18) The SCRJDF shall review data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol data-bbox="240 985 906 1075" style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions. <p data-bbox="240 1106 1485 1299">Annual reports are published on the agency's website at: Annual Survey Report Of Sexual Violence For The SCRJDF (shelbyal.com). Reports are published for 2019 through 2021. The reports are inclusive of annual data comparison and corrective actions. The Detention Manager/PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.</p> <p data-bbox="240 1330 363 1357">115.388 (b)</p> <p data-bbox="240 1366 1473 1424">PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1456 1477 1514">SCRJDF PREA Policy (page 18) This annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the SCRJDF's progress in addressing sexual abuse.</p> <p data-bbox="240 1545 1481 1603">The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables easily show the reader a comparison of the current year's data and corrective actions to those from prior years.</p> <p data-bbox="240 1635 363 1662">115.388 (c)</p> <p data-bbox="240 1671 1449 1729">PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p data-bbox="240 1760 1422 1818">SCRJDF PREA Policy (page 18) The SCRJDF's report shall be approved by the Detention Manager and made readily available to the public through the Shelby County Government website (www.shelbycountyalabama.com).</p> <p data-bbox="240 1850 1386 1908">The auditor observed the published annual reports at: Annual Survey Report Of Sexual Violence For The SCRJDF (shelbyal.com).</p> <p data-bbox="240 1917 1437 1975">The reports are approved by the Detention Manager. This was corroborated by interviewing the Detention Manager and reviewing the published annual reports.</p> <p data-bbox="240 2007 363 2033">115.388 (d)</p> <p data-bbox="240 2042 1481 2136">PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p>

SCRJDF PREA Policy (page 18) The SCRJDF may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the SCRJDF, but must indicate the nature of the material redacted.

The auditor reviewed the annual reports and observed no identifying information. The reports indicate the nature of material redacted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCRJDF PREA Policy 2. Annual Reports (2019-2021) Annual Survey Report of Sexual Violence for The SCRJDF (shelbyal.com) 3. SCRJDF Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.389 (a)</p> <p>PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>SCRJDF PREA Policy (page 18) The SCRJDF shall ensure that data collected pursuant to 115.387 are securely retained.</p> <p>115.389 (b)</p> <p>PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>SCRJDF PREA Policy (page 18) The SCRJDF shall make all aggregated sexual abuse data, readily available to the public at least annually through its website (www.shelbycountyalabama.com).</p> <p>Aggregated sexual abuse data is readily available to the public at least annually through its website at Annual Survey Report Of Sexual Violence For The SCRJDF (shelbyal.com). Reports are published for 2019 to 2021.</p> <p>The auditor reviewed published annual reports on the agency website.</p> <p>115.389 (c)</p> <p>PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>SCRJDF PREA Policy (page 18) Before making aggregated sexual abuse data publicly available, the SCRJDF shall remove all personal identifiers.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.389 (d)</p> <p>PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>SCRJDF PREA Policy (page 18) The SCRJDF shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection unless Federal, State or local law requires otherwise.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. SCRJDF Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings:</p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, the Shelby County Regional Juvenile Detention Facility was audited in 2016 and 2019. The agency is a single facility entity.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Shelby County Regional Juvenile Detention Facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 295 1509 470" style="list-style-type: none"> 1. SCRJDF Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p data-bbox="229 470 1509 510">Findings:</p> <p data-bbox="229 510 1509 591">All Shelby County Regional Juvenile Detention Facility PREA Audit Reports are published on the agency's website at: https://www.shelbyal.com/275/Juvenile-Detention.</p> <p data-bbox="229 591 1509 631">Conclusion:</p> <p data-bbox="229 631 1509 728">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	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?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes