

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report July 22, 2019

Auditor Information

Name: Georgeanna Mayo Murphy

Email: [REDACTED]

Company Name: Murphy PREA Auditing Services

Mailing Address: P,O, Box 81873

City, State, Zip: Mobile, AL 36689

Telephone: [REDACTED]

Date of Facility Visit: July 9-10, 2019

Agency Information

Name of Agency

Governing Authority or Parent Agency (If Applicable)

Shelby County Regional Detention Facility

Shelby County Commission

Physical Address: 222 McDow Road

City, State, Zip: Columbiana, AL 35051

Mailing Address: P.O. Box 736

City, State, Zip: Columbiana, AL 35051

Telephone: 205-669-3990

Is Agency accredited by any organization? Yes No
Licensed by the Alabama Department of Youth Services

The Agency is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission : The overall goal of the Shelby County Regional Juvenile Detention Facility is to create a program to provide for the temporary and safe custody of juveniles who are alleged and/or adjudicated delinquent, and who require a restricted environment for their own or the community's protection while pending legal action.

Agency Website with PREA Information: : <https://www.shelbyal.com/275/Juvenile-Detention> This is the facility's second audit so currently the website contains the 2016 PREA Audit, investigative policy and third party reporting form..

Agency Chief Executive Officer

Name: Tim Bullard

Title: Manager

Email: [REDACTED]

Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Tim Bullard	Title: Manager
Email: [REDACTED]	Telephone: [REDACTED]
PREA Coordinator Reports to: Alex Dudchock, County Manager	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Shelby County Regional Juvenile Detention Facility			
Physical Address: 222 McDow Road Columbiana, AL 35051			
Mailing Address (if different than above): P.O. Box 736 Columbiana, AL 35051			
Telephone Number: 205-669-3990			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input type="checkbox"/> Other

Facility Mission: The overall goal of the Shelby County Regional Juvenile Detention Facility is to create a program to provide for the temporary and safe custody of juveniles who are alleged and/or adjudicated delinquent, and who require a restricted environment for their own or the community's protection while pending legal action.

Facility Website with PREA Information: : <https://www.shelbyal.com/275/Juvenile-Detention> This is the facility's second audit so currently the website contains the 2016 PREA Audit, investigative policy and third party reporting form.

Is this facility accredited by any other organization? Yes No The facility is licensed by the Alabama Department of Youth Services

Facility Administrator/Superintendent

Name: Tim Bullard	Title: Manager
Email: [REDACTED]	Telephone: [REDACTED]

Facility PREA Compliance Manager

Name: n/a	Title: n/a
Email: n/a	Telephone: n/a

Facility Health Service Administrator

Name: Brandy Cannon	Title: HAS-RN
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Email: [REDACTED]	Telephone: [REDACTED]
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Facility Characteristics

Designated Facility Capacity: 34	Current Population of Facility: [REDACTED]
Number of residents admitted to facility during the past 12 months	384
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	141
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	43
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	13 – 18 years of age
Average length of stay or time under supervision:	13.36 days
Facility Security Level:	Secure detention
Resident Custody Levels:	Secure detention
Number of staff currently employed by the facility who may have contact with residents:	[REDACTED]
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4 volunteers

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 22
Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	4
Number of Segregation Cells (Administrative and Disciplinary):	4

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility is equipped with electronic monitoring equipment throughout. This information can be retrieved by the Director and Assistant Director at any time and preserved as needed. The main control panel is located in the central control room which is located in the center of 4 of the residential bays. The control area is elevated which provides additional viewing advantages. The residential bay which housed the 4 segregated cells is monitored by the central control operator as well but is not directly attached to it. One staff member is assigned to view the cameras and control movement in the facility for those without a master key. All movement is monitored by the officer assigned to central control. During the tour and during time spent with the central control operator the auditor was unable to locate any blind spots. The only area cameras are not located are in the resident's rooms or the shower area. In speaking with the Director and Assistant Director it was evident that camera placement and building design were highly focused on maintaining the security and safety of residents and staff.

Medical

Type of Medical Facility:	Facility has a clinic with a RN on site however no forensic sexual assault medical examinations are conducted on site.
Forensic sexual assault medical exams are conducted at:	SAFE House and Crisis Center House and UAB Children's Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	The Director and Assistant Director are in charge of conducting any administrative investigation. All criminal investigations are conducted by the Shelby County Sheriff's Department (Sex Crimes Unit)

Audit Findings

Audit Narrative

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

The Shelby County Regional Juvenile Detention Facility is operated by Shelby County Commission. The facility is licensed by the Alabama Department of Youth Services who conducts an annual facility audit using ACA (American Correctional Association) guidelines with a follow up 6-month review to main licensure. The facility is located in Columbiana Alabama at 222 McDow Road. The audit was conducted by Georgeanna Mayo Murphy, a U.S. Department of Justice certified PREA Auditor for juvenile facilities. The on-site audit was conducted on May 13 and 14, 2019. The facility contacted the auditor in early January and entered into a contract conduct their second audit. This is the second PREA Audit for the facility. The first audit was conducted by the auditor in 2016.

In January of 2019 the auditor was contacted by Mr. Tim Bullard, Director of the facility to begin the contract and audit process. Mr. Bullard and his staff provided the auditor with the completed Pre-Audit Questionnaire, files, staffing, resident census reports, etc. This information was sent to auditor in the six-week proscribed time frame and signs with the auditor's address were posted throughout the facility. The auditor contact information was posted six weeks prior to the auditor's arrival and it explained that all information was confidential. Staff were instructed to treat all auditor correspondences like privileged mail. The auditor provided the facility with the audit process map at the time the contract was signed and a proposed schedule was sent to the facility two weeks before the on-site visit so they could adequately prepare for the audit. The facility provided the auditor with a quiet area where staff could be interviewed privately and an area in the detention facility where residents could also be interviewed privately. The facility provided the auditor with lists for interviews for both staff and residents to provide a broad overview for interview selection. In the past 12 months, there had been no allegations of sexual harassment or sexual 'assault by residents detained at the facility. There had been no administrative investigations or criminal investigations in the past 12 months.

The facility has MOU's with The SAFE House, Crisis Center and UAB Children's Hospital to conduct forensic sexual assault examinations. SANE nurses are employed by both entities to conduct the examinations. UAB Children's Hospital is used when immediate care is indicated due to physical trauma/injury. The forensic sexual assault kit is performed at the hospital in these cases. The SAFE House, Crisis Center is used when the victim is medically stable and not in need of emergency room services. The sexual assault kit can be performed 24 hours a day by a qualified SANE nurse. The Crisis Center and SAFE House works with law enforcement to provide them with the evidence collected during the examination as well as provide the victim with advocacy services. The Shelby County Child Advocacy Center provides counseling for victims of sexual abuse and works in collaboration with medical, law enforcement, Assistant District Attorney's and DHR to determine the outcome of a criminal investigation. The Rape Crisis Center provides residents at the facility advocacy services through phone conversations and in person meetings. These interactions are all confidential. The Shelby County Sheriff's Department conducts all criminal investigations with detectives from their sex crimes division. All administrative investigations are conducted by the Director and Assistant Director of the facility with the criminal

investigation always taking precedence. The detective in charge of the criminal investigation stays in contact with the director to ensure facility remains informed, The Alabama Department of Human Resources also investigates any allegation of child abuse including all sexual assaults that occur in detention facilities. A report of the findings by DHR is sent to the facility upon completion of their investigation. All employees of the facility are mandatory reporters and receive training on line using the Alabama Department of Human Resources website curriculum.

On line research of the Shelby County Regional Detention Facility found no record of any allegations of abuse physical or sexual. The facility is under no judicial decrees and there is no Department of Justice involvement. The Alabama Department of Youth Services has had no reports of sexual abuse or harassment from the facility. The facility has a website to provide PREA related information. The website contains the 2016 PREA Audit Report, facility investigative procedure, the redacted statistics based on the SSVR report and the Third Party Reporting Form. The auditor received no correspondence from any residents or staff members during the six-week period prior to the on-site visit.

Upon arrival May July 9, 2019, the auditor met with the Manager, Tim Bullard to go over the plan for the visit and tour the facility. The facility is very secure. Any person entering the facility must enter through a metal detector at the front door which is locked at all times. The front of the facility houses the administrative staff and reception. The facility has four bays. There are 22 single cells and 6 double occupancy cells. Double cells are only used when necessary. On the day of the auditors visit there were 17 (11 male and 6 female) residents detained at the facility. Two bays are used by male residents, one is used by female residents and the last bay is used for intakes and isolation. In the center of the connected bays is the central control room where cameras are monitored 24 hours a day and access to doors is given. The bay where isolations and new intakes are housed for processing is down a hallway. This bay is connected to a sallyport where law enforcement can securely move a juvenile from their patrol car to the processing area. This area is monitored by the central control operator as well as 15 minutes wellness checks by assigned staff members. Between the intake bay and central control are a library and two classrooms. Once you pass the bays connected to central control you enter a secure hallway that leads to the outside recreation area, Each classroom is equipped with a camera which is monitored by central control 24 hours a day. Detention staff walked the auditor through the intake process including the screening; admit paperwork, orientation information and housing/programming decisions steps. The auditor viewed the grievance system process and discussed it with residents and staff during the interviews. The auditor observed cross gender announcement by all staff entering opposite sex housing units. PREA posters and posters with the PREA Hotline for DYS and Rape Crisis Center and posted throughout the facility in both English and Spanish. Phones are provided for residents to make calls to these numbers at any time and privacy is provided so they can speak freely. No phone calls are monitored or recorded in the facility.

Formal and informal interviews were conducted with administrative and line staff, residents and volunteers. There were 17 residents detained at the facility during the on-site visit and 23 employees. Twelve residents, ten line staff and five administrative staff were interviewed by the auditor during the on-site visit. Five female residents and seven male residents were interviewed to get a better overview of knowledge and experiences at the facility. Four female staff members and six male staff members were interviewed. All administrative staff were interviewed. Administrative staff included the Manager, Tim Bullard, who also serves as the PREA Coordinator for the facility. The auditor conducted interviews with the Mental Health Provider, Rachel Greenlaw and Nurse, Brandy Cannon, resident educational provider, Mark Reed, and the Assistant Facility Manager. Residents were interviewed using the recommended DOJ protocols designed to ascertain their knowledge of the options available to them to report sexual assault or sexual harassment, training they received regarding their personal safety, the screening process, search procedures, cross gender announcements, showering procedures, as well as their access to visitation, phone usage, and contact with their attorney. Staff were also questioned using the recommended DOJ protocols designed to ascertain their overall understanding of PREA and their role in providing a sexually safe environment for all residents detained at the facility. Questions were related to training, zero tolerance, reporting options and duties,

responding to allegations of sexual assault and sexual harassment, staffing ratios, first responder and mandatory reporting duties. Administrative staff were questioned about the duties directly related to their jobs. I was allowed to choose 20 random resident files to look at the training they received and to view their screening form for victimization/or assaultive tendencies. I viewed all staff files and observed criminal background checks that included NCIC, Sex Offender Registry and the CAN Report from the Alabama Department of Human Resources. The CAN (Child Abuse and Neglect) Report indicates if any employee was ever involved in a founded case of child abuse or neglect. No employee had any indications of abuse, neglect or crimes of a sexual nature. The facility also requests references from prior employers once a release is signed to determine if they were involved in any offences at their prior places of employment. The employee training files were in excellent order. Employees receive PREA training each year and refresher classes as needed. Many of the training curriculums are from the PREA Resource Centers training library as well as the National Institute of Corrections. All administrative staff take turns conducting unannounced rounds which are documented in folders in each bay. These rounds are done randomly and rounds are done on the night shift as well by the supervisor in charge. Administrative staff also conduct rounds on random nights to ensure the safety. Policy prohibits staff from alerting other staff rounds are being conducted.

Mental health services are provided by the Chilton/Shelby County Mental Health Department. Educational services are provided by the Shelby County School System who assign teachers to the facility. Medical services are provided to residents through a contract with Quality Correctional Health Care. Residents who are non-English fluent are provided interpreters. The facility has an MOU with Carmen Woodman to provide Spanish interpretation services. The Administrative Office of Courts for the state of Alabama will also provide an interpreter for legal proceeding or if needed by the facility.

Residents are provided the opportunity to submit grievances at anytime. There is a grievance box located in each bay however residents stated they preferred to give their grievance form to a staff member who immediately submits it to the facility manager, assistant manager or shift supervisor. Residents report that all grievances are dealt with swiftly and they are made aware of the outcome. Residents reported they felt staff respected their privacy when they were in their rooms changing clothes or using the restroom. Residents shower one at a time and have complete privacy. Cameras are not placed in the resident's rooms or shower area. All residents attend school but are not separated by gender. All residents are seen by the nurse within 24 hours of being admitted to the facility. The counselor also sees each child admitted to the facility and residents can request to speak with her at any time. Staff maintain a ratio of one staff for every 8 residents during waking hours and one staff for every 12 during sleeping hours. Due to the low population numbers the average staff to resident ratio is 1:4. These ratios are mandated by the Alabama Department of Youth Services for licensure and are strictly followed. Staff conduct a wellness check on all residents every 15 minutes. Female staff work with female residents and male staff work with male residents. Residents reported that at no time had they ever been searched by a member of the opposite gender.

The Manager, Tim Bullard, is also the PREA Coordinator. He reported he had sufficient time and authority to implement PREA policies and practices. Mr. Bullard is very dedicated to providing the residents in his facility with a safe environment where they can receive programming that aids them in their successful return to their communities.

At the conclusion of the on-site visit I met with the Manager, Tim Bullard, to discuss what was learned during the audit. There were no issues in regards to any of the auditor's findings. The facility is extremely dedicated to providing the residents in their care with a safe environment free from sexual assault and sexual harassment.

Facility Characteristics

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

The Shelby County Regional Juvenile Detention Facility is operated by the Shelby County Commission. The facility is licensed by the Alabama Department of Youth Services who conducts an annual facility audit using ACA (American Correctional Association) guidelines with a follow up 6 month review to main licensure. The facility is located in Columbiana Alabama at 222 McDow Road. The total rated capacity of the facility is 34. The average daily population is 17. On the first day of the on-site visit the population was 17. Five Causation females and one female classified as other eleven males (three African American, one other and seven Caucasian)

The facility has 23 security lines staff. There is a Manager who oversees the daily operations of the facility. He is helped by his Assistant Manager, Counselor, Nurse, and Teachers. They have four volunteers. The volunteers have been cleared with background checks and CAN reports. They have also received PREA training including zero tolerance, reporting responsibilities and working with incarcerated populations.

There are 4 housing bays. The facility has 22 single cells and 6 double cells. There is a bay that is used for new intakes just brought to the facility by police or court officials and isolation. Each bay has a one shower where showers are conducted individually. There is direct supervision at all times. Wellness checks are conducted every 15 minutes to ensure resident safety. Residents on isolation are still provided educational services and large muscle activity daily. The central control area is located in the center of the bays. It is elevated and enclosed. Central control monitors all the cameras 24 hours a day. The person assigned to this area is also responsible for remotely opening all doors in the facility

All persons entering the building must enter through the front door which is locked 24 hours a day. Once admitted through the secure door you must walk through a metal detector and sign in. All administrative offices are located in the front section of the building. They are only approximately 10 feet away from the secure detention area. Administrative staff are actively involved in detention and very present in the secure area with residents and staff. A nurse sees all residents within 24 hours of being detained as well as the facility counselor. Residents can also request to see the nurse or counselor at any time.

Residents are allowed to visit their parents two times a week. They are also allowed to make phone calls to their legal guardian as well as write letters to approved individuals. Residents can request to see their probation officer and attorney and staff will make the call.

The facility has gone to great lengths to place cameras strategically throughout the facility to ensure there are no blind spots. The facility takes the physical and sexual safety of residents very seriously.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 40

Click or tap here to enter text.

Number of Standards Not Met: 0

115.312 is not applicable to this facility because it does not contract with other facilities to house its residents.

115.343 is not applicable to this facility because it does not conduct criminal investigations into allegations of sexual abuse or sexual harassment. Facility investigations are conducted to see if policy and procedure was followed in all allegations

115.366 is not applicable to this facility because it does not engage in collective bargaining. All staff members are at will employees.

Summary of Corrective Action (if any)

Type text here.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents
Pre-Audit Questionnaire
Agency Policy 115.311
Agency Organizational Chart
Agency PREA Coordinator Duties

Interviews
Manager/PREA Coordinator

Site Review

Observations of physical plant

Findings

115.311(a)

The facility has a policy 115.311 that mandates zero tolerance for any sexual assault or sexual harassment of residents at the facility. The policy outlines the facility's strategies for preventing, detecting, and responding to such behaviors. Facility policy addressed prevention through the appointment of a PREA Coordinator, conducting criminal background checks and CAN Reports on all staff, contractors, and volunteers who have contact with residents. Training is conducted with all staff, contractors and volunteers who have contact with residents annually to ensure they have a good understanding of the zero tolerance policy and their duty to report. This training is tailored to the type of contact the individual has with the residents. Staffing ratios are maintained at all times. Information is posted throughout the facility regarding PREA, reporting assault and harassment options. All residents are screened to determine their risk of vulnerability or assaultive behavior so proper housing and programming can be assigned. The facility has a policy in place for detecting sexual assault and harassment through proper training of staff, volunteers, contractors and residents. Screening during the intake process also aids in placing residents in proper housing and programming. The facility policy on responding to sexual assault and sexual harassment is addressed by investigating all allegations, providing advocates, medical help and counseling. Disciplinary sanctions are also addressed in the policy for staff and residents. All incidents are reported to the Alabama Department of Youth Services who licenses the facility. The policy provides for an incident review team, data collection, and analysis. The policy is consistent with the PREA standards and outlines the facility's approach to sexual safety.

115.311(b)

The facility has a policy 115.311 that mandates the facility director serves as the PREA Coordinator. The policy states facility Manager/PREA Coordinator has the time, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. The Manager/PREA Coordinator has direct access to the Shelby County Manager to report any issues or concerns. The organizational chart lays out the chain of command. The interview with the Manager/PREA Coordinator confirmed he felt he had sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. He was very knowledgeable of the PREA standards and takes the safety of residents in the facility very serious.

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

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is not applicable to this facility. It does not contract with any other facility to house residents.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes x No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes x No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes x No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? x Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? x Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) x Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation
 PRE-Audi Questionnaire
 PREA Policy 115.313
 Written Institutional Plan
 Organizational Chart 2019
 Listing or Intermediate and Higher level staff
 Unannounced Rounds Log books in each Living Area
 Staffing list
 Annual Staffing Review
 Interviews:
 Interviews with supervisors
 Interview with Manager
 Interview with Assistant Manager

Site Review Observations
 Observance by auditor during audit walk-thru

Discussion

Policy 115.313 mandates the following:

- (a) The facility has a staffing plan that requires a ratio of 1:8 during resident waking hours and 1:12 during resident sleeping hours. Each year the Manager/PREA Coordinator reviews the staffing plan to ensure the mandated staffing patterns are followed. The plan takes into consideration the 11 criteria mentioned in the standard as well as hazardous weather staffing.

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Manager/PREA Coordinator, Assistant Manager and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

- (b) The facility does not allow the staff to resident ratio exceed the requirements of it license with the Alabama Department of Youth Services which requires 1:8 during waking hours and 1:12 during sleeping hours. Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Manager/PREA Coordinator, Assistant Manager and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

There were no deviations during this review period.

- (c) The facility does not allow the staff to resident ratio exceed the requirements of it license with the Alabama Department of Youth Services which requires 1:8 during waking hours and 1:12 during sleeping hours. Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Manger/PREA Coordinator, Assistant Manager, and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift

required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

- (d) The facility has a staffing plan that requires a ratio of 1:8 during resident waking hours and 1:12 during resident sleeping hours. Each year the Manager/PREA Coordinator reviews the staffing plan to ensure the mandated staffing patterns are followed. The plan takes into consideration the 11 criteria mentioned in the standard as well as hazardous weather staffing.

Staffing provides for both female and male officers to be on duty for each shift. The staffing ratios are also required to maintain licensure with the Alabama Department of Youth Services who conducts and annual audit of the facility. The auditor discussed staffing issues with the Manager/PREA Coordinator, Assistant Manager and Shift Supervisors. All interviewed stated that at all times proper staffing is maintained. If a shift required extra staffing due to a staff call in, a staff member would be required to work over. Interviews with line-staff confirmed this requirement of working over to maintain proper staffing. Staffing Rosters and video monitoring also confirmed staffing requirements were being maintained.

- (e) The policy requires unannounced and unpredictable rounds be done by supervisory and administrative staff daily. Upon reviewing the Unannounced Rounds logs for the past year it was evident that all rounds are very random and conducted on each shift several times daily. The rounds are conducted by shift supervisors during their assigned shift and administrative staff during their normal work week with pop in checks on weekends, holidays and night shifts. I met with three of the six supervisors which were chosen randomly. Each supervisor stated they conducted the rounds several times during their shift and made sure these checks were random and unpredictable. The policy dictates that no staff member is allowed to alert any other staff member the rounds are being conducted. Any staff member who violates this policy would be subject to disciplinary action. Rounds are conducted to ensure the safety of all residents and staff members on duty and to ensure staff are performing their duties as directed. Supervisory and administrative staff make an entry in the Unannounced Rounds Log to document the check was done. Administrative staff spot check these rounds on the video system to ensure they are being conducted properly. The facility exceeds this portion of the standard.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
x Yes No

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

Policy 115.315
Written Institutional Plan
Staff Assignment Roster
Staffing Plan
Employee Training Files

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interviews with Supervisor
Interviews with Line Staff
Interviews with Residents

Site Review Observations:

Observations during on-site visit

Discussion:

Policy 115.315 dictates the following:

- (a) It is the policy of the facility that no cross-gender search or cross-gender visual body cavity searches are performed except in exigent circumstances or when performed by medical professionals. All pat-down searches and strip searches are conducted by staff members of the same gender. All body cavity searches are only conducted by medical personnel. There have been no body cavity searches conducted in the past 36 months. At all times female and male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
- (b) There have been no exigent circumstances which required cross-gender pat-down searches during this review period. There have been no body cavity searches conducted in the past 36 months. At all times female and male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents.
- (c) Policy dictates that if exigent circumstances require a cross-gender pat-down search or strip search it will be documented. There have been no body cavity searches conducted in the past 36 months. At all times female and male staff are on duty. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents. Residents stated that at no time had they been searched by a member of the opposite sex.

- (d) Policy mandates that residents are allowed 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 incidental to a routine cell check. Policy requires staff of the opposite gender to announce their presence when entering a housing bay. Residents interviewed stated that any time a member of the opposite gender entered the housing bay they announced their presences.

The policy was discussed with administrative personnel, supervisory staff, line staff and residents. The auditor asked administrative staff, supervisory staff and line staff if staff members alerted residents a member of the opposite gender was entering a housing bay. All groups indicated this policy was followed a mandated. The announcements were viewed during the auditor's on-site visit. The auditor asked line and supervisory staff to walk the auditor through a room check which is conducted every 15 minutes. Females are assigned to female bays and males are assigned to male bays. The staffing is confirmed by staff schedules and discussions with administrative staff, line staff, supervisory staff and residents. Staff members look visually into each room through a window to ensure the resident housed inside is safe and present. If a resident is using the restroom the visual check is done and the officer moves directly to the next room to be checked. Residents shower individually. They enter fully clothed and they shower in a closed shower stall to provide privacy. There no visibility through the shower stall. Once the resident shower is complete they dress and exit the shower stall. Residents interviewed described the same procedure for showers and room checks.

- (e) Facility policy prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined though conversations with the resident or by reviewing previous records of arrest, or by the nurse during her admit evaluation conducted in the first 24 hours of arriving at the facility. The resident can be housed in the intake area until seen by the nurse or the nurse can be called to the facility if circumstances dictated. Conversations with administrative staff, supervisory and line staff and the nurse confirmed this is the policy. The facility has admitted no transgender or intersex residents during this review period.
- (f) Policy mandates that all security staff are trained in how to conduct cross-gender pat-down searches and searches on transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The Manager discussed the training program with the auditor. Training is conducted using the PREA Resource Centers, Guidance in Cross-Gender and Transgender Pat Searches, curriculum. Each staff member receives this training annually. Training was documented in training each file the auditor examined. The Manager stated he used much of his PREA training from the PREA Resource Center and National Institute of Corrections. Staff interviews with both line and supervisory staff confirmed the training and their ability to do a cross-gender pat-down search or transgender or intersex pat-down search if necessary. They understood these as all searches are to be conducted in a professional and respectful manner in the least intrusive manner possible consistent with security needs.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? x Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? x Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? x Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? x Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? x Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) x Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? x Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? x Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? x Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? x Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? x Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? x Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? x Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

Policy 115.316
 Written Institutional Plan
 MOU with Carmen Woodman
 Administrative Officer of Courts Interpreter List

Interviews:

Interview with Manager/PREA Coordinator
 Interview with Assistant Manager
 Interviews with Line Staff
 Interview with Supervisors
 Interview with Residents
 Interview with teacher

Policy 115.316 mandates the following:

- (a) It is the policy of the facility to ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. Such steps include the steps necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately and impartially both receptively and expressively using any necessary specialized vocabulary. The information is provided in a format or through methods that ensure effective communication with residents who have intellectual disabilities, limited reading skills, who are blind or have low vision. The facility adheres to the Americans with Disabilities Act.
- Policy dictates that residents who are blind or who have low vision will be provided with a staff member who reads all information to them both PREA and orientation materials. Materials will also be reprinted in a larger font as needed for residents who have low vision. During this review period there were no blind or low vision residents admitted to the facility.
- Residents who have limited reading skills or intellectual disabilities will be evaluated and provided assistance based on their needs. The facility has a teacher who provides low functioning students with the help they need understand the information presented to them. All PREA materials are written in a way which age appropriate and easy to read. If a resident is unable to read the supervisor of the shift will assign a staff member to read the information to them. Each resident signs for receipt of the information given and/or presented to them. Supervisors and staff members confirmed this is the policy and practice of the facility.
- Residents were interviewed by the auditor who were identified receiving special education services but neither said they had any trouble understanding the PREA information presented to them or the Orientation material they received at intake. They stated that if they ever had questions about anything the staff would help them; usually they only required help writing letters. Residents who are hearing impaired are provided with an on staff American Sign Language Interpreter certified by the Administrative Office of Courts. Interpreters can be obtained through the Administrative Officer of Courts website. These are certified interpreters who can translate in the courtroom or other legal matters. They are also available to all detention centers for an hourly fee.
- (b) Policy dictates that residents who are not English proficient will be provided with an interpreter and written materials in their native language to ensure meaningful access to all aspects of the facility's efforts to prevent detect and respond to sexual abuse and sexual harassment. The facility has an MOU with Carmen Woodsman to provide Spanish translation services. Interpreters can also be obtained through the Administrative Officer of Courts website. These are certified interpreters who can translate in the courtroom or other legal matters. They are also available to all detention centers for an hourly fee. Supervisors and staff members confirmed this is the policy and practice of the facility.
- (c) The policy mandates that the facility does not rely on resident interpreters, readers or other resident assistants except in limited circumstances when an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance duties of first-response duties under Standard 115.634 or the investigation of the resident's allegations. This was confirmed through interviews with administrative staff, supervisors, line staff, counselor, teacher, and residents.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? x Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? x Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? x Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? x Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? x Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? x Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? x Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? x Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? x Yes No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? x Yes No

115.317 (d)

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

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? x Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? x Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? x Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? x Yes No

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's (a)
The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

Documents:

Policy 115.317
Written Institutional Plan
Hiring Application
Release of Liability for Employee Reference
Employee Files
Contractor Files
Criminal Background Checks
Child Abuse and Neglect Reports

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interviews with Supervisor
Interviews with Line Staff

Policy 115.317 mandates the following:

- (a) The facility will not hire or promote anyone who may have contact with residents, and will not enlist the 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. It will not hire or contract or promote 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 he victim or not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in such activities. Administrative staff confirm this is the policy and practice of the facility and they take it very seriously.
- (b) It is the policy of the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have

contact with residents. Conversations with Administrative staff confirms this is the policy and practice of the facility. They also confirm the consequence for any form of sexual harassment by a staff member can be grounds for disciplinary action up to and including termination. The Contract services would be canceled for any contractor engaging in sexual harassment of any form.

- (c) It is the policy of the facility that all potential employees and all facility employees and/or contractors have a criminal background check as well as a Child Abuse and Neglect Report run on them prior to employment and every five years after. All potential employees must sign a release of liability for any institutional setting they may have perilously worked so their prior employer can complete a questionnaire regarding their work history as well as any information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse or physical abuse. All applicants and employees must disclose any act of misconduct. Failure to do so will result in termination for consideration of employment and termination of employment or contract services. After a thorough review of employee/contractor files the auditor observed national criminal background checks, sex offender registry requests, and Child Abuse and Neglect reports from the Alabama Department of Human Services. The auditor also observed requests for information from previous employers and their responses. All files audited were in order.
- (d) Policy mandates if an agency considering employing a former staff member submits the proper documentation signed by the applicant the facility will release documentation concerning any acts of sexual/physical abuse, sexual harassment, and pending litigation related to the former employee. The Manager/PREA Coordinator or his Assistant would be responsible for completing all requests. During this review period they had received not request for information on a previous employee or contract employee.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later)
x Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.318
Written Institutional Plan
Blue Prints
Camera Installation Plan

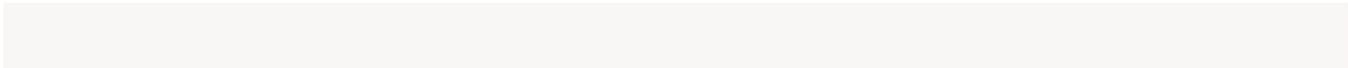
Interviews:

Interview with Manager/PREA Coordinator

Policy 115.318 mandates the following:

(a) Policy dictates that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effects of the design, acquisition, expansion, or modifications upon the facility’s ability to protect residents from sexual abuse. The facility has not had any upgrades during this review period.

(b) Policy also mandates that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency’s ability to protect residents from sexual abuse. No new technology has been added during this review period.



RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? x Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
x Yes No

115.321 (e)

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

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) x Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No x NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:

Policy 115.221
Written Instructional Plan
Agreement with Shelby County Sheriff's Department
MOU with Safe House
MOU Crisis Center

Interviews:

Interview Manger/PREA Coordinator
Interview Assistant Manager
Interview Supervisor Staff
Interview Line Staff
Interview Nurse
Interview Counselor

Policy 115.221 mandates the following:

- (a) / (b) The Shelby County Sheriff's Department is responsible for investigation of all allegations of sexual abuse at the facility. The detectives assigned to the sex crimes division as well as the forensic employees of the department follow a uniform evidence protocol procedure to maximize the potential for obtaining usable physical evidence for criminal prosecutions. The protocol is developmentally appropriate for youth using the U.S. Department of Justice's Office on Violence Against Women publication, "A National protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Staff/first responders are instructed to protect any evidence by sealing off the area where the alleged assault took place, advising the victim and alleged perpetrator to not remove their clothing, brush teeth, eat, rinse off body or rinse mouth or eat until they are transported for examination. During interviews with administrative staff, supervisors, and line staff they confirmed this was the policy and practice of the facility. The Manager/ PREA Coordinator and Assistant Manager conduct administrative investigations but these are not criminal investigations in nature. These investigations are designed to determine if policy and procedure was followed by staff
- (c) Residents who allege they were victims of sexual assault are transported to UAB Children's Hospital if they have medical trauma that requires immediate services. These residents will have their sexual assault examination performed by a SANE nurse at the hospital. Residents not suffering from medical trauma are transported to Safe House and the Crisis Center for their sexual assault examination. Advocates are provided to the victim during the examination by the SAFE

House. These services are provided at no charge to the victim. The facility meets this portion of the standard based on interviews with the Manager /PREA Coordinator and MOU with Shelby Safe House.

(d) The facility is provided advocates by the SAFE House, Crisis Center and Rape Crisis Center. Residents are also provided with the number to the Rape Crisis Center so they can speak to an advocate at any time. The Shelby County Child Advocacy Center also provides advocates as requested. The facility meets this portion of the standard based on interviews with the Manager /PREA Coordinator, supervisors, line staff, residents and MOU with Shelby SAFE House.

(e) As requested by the victim, the victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals the facility meets this portion of the standard based on interviews with the Manager /PREA Coordinator, MOU with Shelby SAFE House.

(f) The Shelby County Sheriff's Department is requested to follow the requirements in paragraphs (a) through (e).

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:
 Policy 115.322
 Written Institutional Plan
 MOU Shelby County Sheriff's Office

Interviews
 Interview with Manager/PREA Coordinator
 Interview with Assistant Manager

- (a) Facility policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Shelby County Sheriff's Department conducts all criminal allegations of sexual abuse and sexual harassment if it arises to a criminal level. The Manager and Assistant Manager investigate allegations of minor sexual harassment such as name calling and unwanted advances. These are dealt with using the facility's disciplinary infraction system.
- (b) It is the facility's policy to ensure all allegations of sexual abuse or sexual harassment are referred to the Shelby County Sheriff's Department is published on the facility's website. The

Manager/PREA Coordinator and Assistant Manager conduct administrative investigations on all allegations of sexual assault and sexual harassment. The administrative investigations related to sexual assault determine if policy and procedures were violated by staff. These are not criminal investigations. All criminal investigations are conducted by the Shelby County Sheriff's Department. Detectives from the sex crimes division who are also assigned to the Shelby County Child Advocacy Center work with the Alabama Department of Human Resources to investigate all allegations of sexual assault. They work in tandem with a collaborative group at the Shelby County Child Advocacy Center made up of detective, DHR, medical personnel, counselors, and assistant district attorneys to determine if the case is prosecutable.

- (c) The publication describes the responsibilities of the facility and the Shelby County Sheriff's Department in the investigative process. This information was provided to the auditor by the Manager/PREA Coordinator.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? x Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? x Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment x Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? x Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? x Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? x Yes No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? x Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? x Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? x Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? x Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? x Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? x Yes No
- Is such training tailored to the gender of the residents at the employee's facility? x Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? x Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? x Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? x Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? x Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.331
 Written Institutional Plan
 Employee Training Curriculum
 Employee Training Files

Interviews:

Interview with Manager/PREA Coordinator
 Interview with Assistant Manager
 Interview with Supervisors
 Interviews with Line Staff

Facility Policy 115.331 mandates the following:

- (a) The agency shall train all employees who may have contact with residents on:
 - (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 - (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - (11) Relevant laws regarding the applicable age of consent.

The facility curriculum addresses each of these topics. The training curriculum comes from the PREA Recourse Center's Employee Training program as well as the National Institute of Corrections. The training focuses on working with the juvenile population and the unique needs of working in correction

facilities for youth. The Manager/PREA Coordinator and Assistant Manager place a heavy emphasis on training staff to ensure the safety and security of the facility and the residents detained there. The Manager provides PREA training annually to all staff members and provides refreshers if needed. In the auditor's interviews with line staff and supervisors their knowledge of PREA, zero tolerance, responsibilities regarding prevention, detection, reporting and response were evident. They knew and understood the resident's right to be free from sexual harassment and sexual abuse as well as their right and the resident's right to be free from retaliation for reporting such acts. Staff discussed what made children in detention more susceptible to sexual abuse and harassment, and the common reactions of residents who are being sexually abused or harassed. They discussed the "red flags" that adult offenders and juvenile offenders may display during the grooming process and when engaging in sexual abuse. They have received training on working with LGBTI juveniles and understand how to do a cross-gender pat-down search even though no staff interviewed has had to conduct one. They understand their duties as mandatory reporters and understand the laws of legal consent as it relates to the State of Alabama. It is evident from the interviews that staff training is a priority at this facility.

(b) All training is tailored to the unique needs and attributes of residents detained in juvenile detention centers. The facility detains both males and females so employees are trained to deal with both genders. This information was provided to the auditor through interviews with the Manager/PREA Coordinator/Training Director, line staff and supervisors.

(d) All staff receive training during their first 40 of new employee training. All staff receive PREA training annually or as needed refresher training. This information was provided to the auditor through interviews with the Manager/PREA Coordinator/Training Director, line staff and supervisors.

(d) All employee training is documented in their training file. Employees sign a document stating they understood the training they received. This document is placed in their training file. The auditor verified training is being conducted as policy dictates by observing all current employee's files.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.332
Training Curriculum
Volunteer Training File

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interview with Volunteer

Policy 115.332 mandates the following:

- (a) The facility ensures 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. Before volunteers/contractors are allowed to have contact with residents they must complete their PREA training. This training includes the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. This information was provided by through the interview with the Manager/PREA Coordinator/Training Director and volunteer training files.
- (b) The level and type of training provided to volunteers and contractors is based on the services they provided and the level of contact they have with residents. All volunteers and contractors who have contact with residents receive training on the zero-tolerance policy for sexual abuse and sexual harassment and reporting such incidents. This information was provided by through the interview with the Manager/PREA Coordinator/Training Director and volunteer training files.

- (c) The facility maintains PREA training documentation in each volunteer/contractors training file. Volunteers/contractors sign a form indicating they received the PREA training and understand the training they received. This information was provided by through the interview with the Manager/PREA Coordinator/Training Director and volunteer training files.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No

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

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.333

Written Institutional Plan

Resident Training Curriculum

"You have the Right to be Safe from Sexual Violence" brochure

Resident Handbook

Receipt of information form signed by resident

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interview with Supervisors
Interview with Line staff
Interview with Residents

Policy 115.333 mandates the following:

- a) During the intake process, residents receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. At the point of intake all residents are given the brochure "You have the Right to be Safe from Sexual Violence" brochure. It explains the facility's zero tolerance policy and how to report any incident of sexual abuse or sexual harassment. Residents also go over a PowerPoint which goes into detail about PREA, zero tolerance, reporting options, what to do if you are assaulted, what to do to preserve evidence, medical treatment, right to be free from retaliation. At the end of the presentation residents are asked if they have any questions and they understand what they have been read. They then sign a form stating they received and understood the information. This form is placed in the residents file. Interviews with administrative staff, supervisors, line staff and residents confirmed this is the practice of the facility. Line staff and supervisors conduct resident training during the intake process.
- b) Within 10 days of intake the facility provides a more comprehensive age-appropriate PREA training for residents. The assigned staff member discusses their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting any incident of such. Residents are instructed on what the process is once an allegation of sexual assault or sexual harassment is made. In the auditor's interviews with residents they were well versed in their right to be free from sexual assault and sexual harassment. They understood the many ways they could report any sexual harassment or sexual assault (tell a staff member, volunteer, teacher, administration member, PREA Hotline, parent, attorney, probation officer, or using the grievance procedure). Each resident interviewed said that they would tell a trusted staff member if they had any issue while in detention. Residents were very open and comfortable during the interviews. No resident told the auditor they did not want to answer the questions or participate. Line staff and supervisors provide the training using the PREA PowerPoint as their guide. Staff interviewed stated they make sure the residents understand what they are going over during the comprehensive training. Staff also provide refresher training as needed.
- c) All residents at the facility had received training before the auditor arrived for the on-site visit. Files audited revealed each resident received training at intake and within 72 hours received the comprehensive more in depth PREA training.
- d) The facility provides resident education in formats accessible to all residents, including those who are not English proficient, deaf, visually impaired or otherwise disabled, as well as those who have limited reading skills. Residents who are not English proficient are provided all written materials in their native language. There is a MOU with a Spanish interpreter. The Administrative Office of Courts also provides detention centers with a list of certified interpreters who charge an hourly fee. At intake, the information is provided to the resident in written form in their native language. The more comprehensive PREA training will be provided by interpreters within 10 of the resident's arrival to the facility.

Residents who are deaf will be provided the written information at the time of intake and will receive the more comprehensive PREA training within 10 of admittance to the facility. The Administrative Office of Courts provides detention centers with a list of certified interpreters who charge an hourly fee for services. For residents who may be sight impaired a staff member will read the information to them and the font can also be increased on the document.

Residents who have limited reading skills will also have the material read to them during the intake process. The educational staff will also aid residents who have limited reading skills. This information was gathered by the auditor through interviews with staff, and residents.

- (d) All residents sign documentation indicating they received the information and understood the information provided to them. This documentation is placed in the resident's file. The auditor observed the signed documentation in each residents file.
- (e) PREA posters and pamphlets are located throughout the facility. The written information is also posted in Spanish. This was observed during the auditors walk through.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 115.443

This standard is not applicable to this facility. All criminal investigations are conducted by the Shelby County Sheriff's Department. The facility does conduct administrative investigations to determine if facility policy and procedure was followed but there is no involvement in the criminal case. The Manager/PREA Coordinator completed the online investigations class offered by the National Institute of Corrections.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? x Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? x Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? x Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No x NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? x Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? x Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:
Policy 115.335
Written Institutional Plan
Training Files
Training Curriculum

Interviews:
Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interview with Nurse
Interview with Counselor

Policy 115.335 mandates the following:

- (a) All full-time and part-time medical and mental health practitioners who work regularly in the facility are trained in, how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations of suspicions of sexual abuse and sexual harassment. The facility has a nurse who is employed part-time and a counselor. Each received training in the mandatory training for their fields. They also receive the training line staff receive. Interviews with the counselor and nurse confirmed the training was received. This training is documented in their training file.
- (b) Medical staff contracted by the facility do not conduct forensic examinations. All forensic medical examinations are conducted at UAB Children’s Hospital or Shelby County SAFE House.
- (c) The training documentation is maintained in their training file.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? x Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? x Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? x Yes No
- Is this information ascertained: During classification assessments? x Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? x Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.341

Written Institutional Plan

Resident Files

Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)

Interviews:

Interview with Manager/PREA Coordinator

Interview with Assistant Manager

Interview with Counselor

Interview with the Nurse

Interview with Line Staff

Interview with Supervisors

Interview with Residents

Policy 115.342 mandates the following:

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

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

(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 facility uses the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) developed by the Alabama Department of Youth Services. The screening instrument is objective. Residents are screened within 72 hours of being detained by the mental health and medical staff using the VSAB determine their risk of sexual victimization or sexual aggressive behavior. The auditor viewed the resident's files and found each resident had been given the VSAB. Interviews with the residents also confirmed they participated in the VSAB within 72 hours of being detained. Interviews were also conducted with the nurse and counselor to discuss how the VSAB is given and used to promote a sexually safe environment. The information gathered is used to decide housing arrangements and programming.

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

(e) The information is kept in the resident files which are secured in the manager's office to ensure sensitive information is not exploited.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? x Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? x Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? x Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? x Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? x Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? xYes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? x Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? x Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? x Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? x Yes No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
x Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? x Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? x Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
x Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? x Yes No

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) x Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) x Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.342
Written Institutional Plan
VSAB
Resident Files
Isolation Logs

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interview with Counselor
Interview with Nurse
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.342 mandates the following:

- (a) The facility will use all information obtained pursuant to Standard 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The information provided through the use of the VSAB is used to determine those residents who are allowed to share double rooms if necessary and alert staff to issues of possible bullying or aggressive behavior. The facility has 4 residential bays which allows staff to house by age group, propensity for aggressive behavior and prior victimization.
- (b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education

services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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

(d) In deciding whether to assign a transgender or intersex resident to a housing bay for male or female residents, and in making other housing and programming assignments, the agency will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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

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

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

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

(1) The basis for the facility's concern for the resident's safety; and

(2) The reason why no alternative means of separation can be arranged.

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

The facility has housed one transgender juveniles during the review period. The resident was seen by nurse and counselor. It was the recommendation that the resident be placed in the female (which is how the resident identified) unit during daily programming. Several residents have described themselves as openly gay but they were not present at the time of the audit. There have been no residents who required to be placed on isolation for sexually aggressive behavior at the facility or because there was no other alternative to keep them safe. Residents who had been placed on isolation for other rule infractions received their required large muscle activity, structured leisure activity and school assignments. Residents on isolation are seen by the counselor, nurse and/or Manager, Assistant Manager daily. These visits are documented on the isolation monitoring sheets. This information was obtained by the auditor through viewing the documentation listed and interviews with staff and residents.

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REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? x Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? x Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? x Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? x Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? x Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? x Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? x Yes No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.351
Written Institutional Plan
PREA Training Curriculum for Staff
PREA Training Curriculum for Residents
Resident Files
Staff Training Files
Posters throughout the facility

Interviews:

Interview with Manager/PREA Coordinator
Interview with Assistant Manager
Interview with Counselor
Interview with Nurse
Interview with Teacher
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.351 mandates the following:

a) The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have many ways to report at their disposal. Interviews with residents confirmed they understood they had the ability to tell a trusted staff member, file a grievance, tell their legal guardian during visitation or when making weekly phone calls, tell their probation officer, tell their attorney or tell any member of the administrative staff who is actively in detention on a daily basis. Residents may also call the PREA Hotline at the Alabama Department of Youth Services. Reports can be made anonymously or as a third party reporter. Administrative staff, Supervisors and line staff also listed the reporting options available to residents of the facility. These reporting options are discussed at the time of intake and during the more comprehensive PREA Orientation that takes place in the first 72 hours of confinement.

(b) The facility also 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Residents can call the Alabama Department of Youth Services PREA Hotline. The state PREA Coordinator will review all messages left on the hotline number daily and report any issues to the facility where the alleged sexual assault or sexual harassment took place. The facility director will initiate an investigation at that point. All criminal investigations of alleged sexual

assault will be handled by the Shelby County Sheriff's Department. Residents who are being held solely for civil immigration purposes are provided with contact information for their consular officials and Homeland Security. During this review period there have been no calls made to the PREA Hotline at the Alabama Department of Youth Services regarding sexual assault or sexual harassment at the Shelby County Regional Juvenile Detention Facility. There have been no residents held at the facility solely for civil immigration purposes during this review period. This information was obtained by the auditor through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, Counselor and Residents.

(c) Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. Staff member accept all reports made to them verbally, in writing, anonymously and from third parties. These reports are documented and passed directly to the Shift Supervisor who immediately contacts the Manager/PREA Coordinator. All allegations are investigated and reported to the Shelby County Sheriff's Department. This information was obtained through interviews with Administrative Staff, Supervisors, Line Staff, Nurse, Counselor, and residents.

(d) The facility provides residents with access to tools necessary to make a written report. Residents are supplied with writing utensils as requested. If a resident requests to write a grievance a form is given to them and they are provided a pencil. The grievance is placed in the grievance box or given to a member of the administrative team who is actively in detention daily. This information was provided to the auditor through interviews with Administrative Staff, Supervisors, Line staff, Nurse, Counselor, and Residents.

(e) The facility provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff members may also use the PREA Hotline at the Alabama Department of Youth Services or they may report directly to the Shelby County Sheriff's Department or the Alabama Department of Human Resources. Staff also stated they could contact the Manager/PREA Coordinator or Assistant Manager directly with any concerns they may have about a juvenile's sexual safety.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) x Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) x Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) x Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) x Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) x Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) x Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) x Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) x Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) x Yes No NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) x Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) x Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
x Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) x Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
x Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) x Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) x Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) x Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.353
Written Institutional Plan
Resident Training Curriculum
Staff Training Curriculum
Resident Handbook
Resident Receipt of Information Form
<https://www.shelbyal.com/275/Juvenile-Detention>

Interviews:

Interview with Manager/PREA Coordinator
Interview with Asst. Manager
Interview with Counselor
Interview with Supervisors
Interview with Line Staff
Interview with Residents

Policy 115.352 mandates:

- (a) Residents are provided with access to tools to make written reports of any form of abuse, sexual harassment, retaliation by another client or staff member and staff neglect or violation of responsibilities.
- (b) Reports/grievances can be given to any staff member at any time.
- (c) Under no circumstances will the resident/client be required to submit the written complaint to the staff member who is subject of the complaint
- (d) Shelby County Regional Detention Facility permits third parties including, fellow residents, staff members, family members, attorneys and outside advocates to assist clients/residents in filing request for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of clients/residents. A third party reporting form can be located on the <https://www.shelbyal.com/275/Juvenile-Detention> website. Clients/residents are encouraged to report any act of sexual abuse or sexual harassment that they witnessed or suspect

- (e) If a client/resident declines to have third party assistance in filing a grievance alleging sexual abuse, Shelby County Regional Detention Facility will document the client/resident's refusal. The client/resident cannot refuse if the third party report is made by the legal guardian of the child.
- (f) An emergency grievance can be filed alleging substantial risk of imminent sexual abuse. Emergency grievances will require an initial response within 48 hours and must be immediately reported to the Manager/PREA Coordinator. With guidance the PREA Coordinator/Manager staff will take immediate action to protect the client/resident for potential imminent sexual abuse. A final decision regarding an emergency grievance will be made and issued within 5 days.

This information was obtained by reviewing the listed information and through interviews with administrators, counselor, supervisors, line staff, and residents.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? x Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? x Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? x Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? x Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? x Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? x Yes No

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation

Policy 115.353

Written Institutional Plan

Resident Handbook

PREA Training Orientation Resident

Your Right to be Free from Sexual Violence Brochure

Log Books

Interviews:

Interview Manager/PREA Coordinator

Interview Assistant Manager

Interviews with Residents

Interviews with staff

The facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) The facility provides residents with access to outside victim support services related to sexual abuse through the Rape Crisis Center, Shelby County SAFE House, and Shelby Child Advocacy Center. The facility has an MOU with Shelby SAFE House to provide these services. The RAPE Crisis Center provides the facility with a toll free number residents can use to talk to outside victim support advocates. These advocates are trained

by the national Rape Crisis Center. This number is prominently posted throughout the facility. Residents can ask a staff member at any time to make the phone call and they will be provided with a confidential space to talk to their advocate. Any resident being held solely for immigration purposes will be provided with information for immigrant services.

- (b) Residents may call to speak with advocates confidentially. This is explained to residents during the intake process and at the more in depth PREA orientation. This is also discussed in the resident handbook.
- (c) The facility has a MOU for advocate services with Shelby SAFE House.
- (d) Residents may contact their attorneys weekly and are provided with reasonable and confidential access to their legal team. Residents are allowed to call their parents/legal guardians twice weekly as well as write letters. Residents are also allowed to visit with their parents weekly.

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:
Policy 115.554
Written Institutional Plan
Resident Handbook

Your Right to be Free from Sexual Violence Brochure
<https://www.shelbyal.com/275/Juvenile-Detention>
Alabama Department of Youth Services Website

Interviews:

Interview with PREA Coordinator/Manager

Interview with Assistant Manager

Interviews with Residents

Interviews with Staff

- (a) The facility policy allows third party individuals to assist the resident in filing a PREA related grievance as well as allows third parties (other residents, employees, teachers, attorneys, parents, volunteers, etc.) to file grievances on the behalf of residents. Residents are provided this information during orientation and at the intake process. Visitors to the facility will find the information posted in the lobby regarding how to make a third party report and what options they have to make the report to (law enforcement, DHR, DYS, Administration, etc.). This information along with a Third Party Reporting form is located on the Alabama Department of Youth Services website as well as the facility website <https://www.shelbyal.com/275/Juvenile-Detention>.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? x Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? x Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? x Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? x Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? x Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) x Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? x Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.361

Written Institutional Plan

Training Curriculum Staff

Interviews:

Interview with PREA Coordinator/Manager

Interview with Assistant Manager

Interviews with Staff

Interviews with Supervisors

- (a) The facility policy requires staff to immediately report any suspected or alleged abuse, sexual harassment or neglect to their supervisor or administrative staff. Staff are also required to report any form of retaliation to supervisory staff and/or administrative staff immediately.
- (b) Staff are mandatory reporters and receive training in their duties upon employment and every two years thereafter. Retaliation of those who report sexual abuse, sexual harassment or neglect is not tolerated and will be dealt with up to and including termination. Staff may also report to law enforcement, DHR, DYS or the PREA Hotline.
- (c) Staff are prohibited from revealing any information regarding sexual abuse or sexual harassment to anyone but law enforcement, medical, administrative, personnel only.
- (d) Medical, mental health and teachers are also mandatory reporters and must report any suspected or alleged abuse, sexual harassment or neglect. Medical and mental health staff notify residents their duty to report incidents of abuse or neglect before providing services.
- (e) Upon receiving an allegation, the Director shall promptly report it to the Shelby County Sheriff's Department and DHR for investigation. The Manager shall also notify the parent/legal guardian unless the facility possesses legal documentation they are not to be notified. The allegations shall be reported to the victims' attorney within 14 days as well as their DHR worker if they have one. If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Manager of the facility will be notified immediately of the situation.
- (f) All allegations of sexual abuse or sexual harassment are reported for investigation. These allegations can be third party, anonymous, etc. The director will also notify the licensing authority, Alabama Department of Youth Services.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

- Policy 115.362
- Written Institutional Plan
- Staff Training Curriculum

Interviews:

- Interview with PREA Coordinator/Manager
- Interview with Assistant Manager
- Interviews with Staff
- Interviews with Supervisors

(a) If the facility learns that a resident is subject to substantial risk of imminent sexual abuse it will take immediate action to protect the resident. The Manager of the facility will be notified immediately of the situation.

The facility takes the safety of the resident extremely serious and provides immediate action to insure safety. The resident can be placed in a different living area or placed in a unit alone until the situation can be assessed.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? x Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? x Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.363

Written Institutional Plan

Staff Training Curriculum

Interviews:

Interview PREA Coordinator/Manager

Interview Assistant Manager

Interview with Staff

Interview with Supervisors

- (A) The facility reports there have been no allegations of sexual abuse or sexual harassment made by residents regarding another facility they were housed at prior to arriving at the Shelby County Regional Juvenile Detention Facility. If a resident were to make an allegation against another facility the Manager would report the allegation to the administrator of the facility were the alleged abuse occurred. The director would also make a report with DHR and the investigative agency of the facility.
- (B) Reports are made within 72 hours of receipt of the allegation.
- (C) This information is documented and placed in the residents file as well as a file in the director's office.
- (D) The manager of the facility will ensure that the investigation is completed as directed in the standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
x Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? x Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? x Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? x Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.364
Written Institutional Plan
Staff Training Curriculum
Volunteer Training Curriculum
Non-Security Staff Training

Interviews:

Interview PREA Coordinator/Manager
Interview Assistant Manager
Interviews with Staff
Interview with Supervisors
Interview with Counselor
Interviews with Nurse
Interviews with Volunteers
Interview with Teacher

Shelby County Regional Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) During staff interviews it was evident to the auditor that they were well versed in the duties of a first responder. Staff understood their first step in responding to a sexual assault is to separate the alleged victim from the alleged abuser. Staff understood the importance of preserving the crime scene and described the procedures for locking the door or roping off the areas allowing no one other than law enforcement to enter the scene. Staff also described what steps they would take to secure the evidence that may be located on the victim and alleged perpetrator (do not allow the resident to use the restroom, brush their teeth, bathe, change clothes, or eat or drink). They also detailed to me the steps they would take to get the victim immediate medical attention and the location they would go to for treatment.

- (b) Interviews with staff members who were not identified as security staff indicated they understood their responsibility to ensure the alleged victim and alleged abuser do not destroy possible evidence and notify the security staff of the incident immediately.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:
Policy 115.365
Written Institutional Plan

Interviews:
Interview PREA Coordinator/Manager
Interview Assistant Manager
MOU Shelby County Sherriff's Department
MOU SAFE House
MOU Crisis Center

Interviews with staff
Interview with Supervisors
Interview with Counselor
Interview with Nurse

- (a) The Shelby County Regional Detention Facility has a written institutional plan that clearly identifies the coordinated response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, DHR, victim advocates, district attorney, and facility leadership. The facility reports all allegations of sexual abuse to the Shelby County Sheriff's Department. Residents are transported to SAFE House and the Crisis Center if they do not require emergency medical services. If a resident is sexually assaulted and is in need of emergency medical services, they are transported to UAB Children's Hospital. Advocates are provided through all steps of the medical and investigative process through the Rape Crisis Center, Crisis center and SAFE House. Administrative staff conduct an independent investigation to ensure policy and procedure were followed. A team at the Shelby County Child Advocacy Center made up of health practitioners, criminal investigators, DHR, victim advocates and district attorneys determine if a criminal case will be prosecuted. The manager of the facility will be notified of their decision.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.366

Written Institutional Plan

Interview:

Interview with Director/PREA Manager

The Shelby County Regional Detention Facility does not enter into collective bargaining agreements and all employees are "at will".

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? x Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? x Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? x Yes No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
x Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.367
 Written Institutional Plan
 Unannounced Rounds Log
 Log Books
 Resident Rosters
 Staffing Assignments

Interviews;

Interview PREA Coordinator/Manager
 Interview Assistant Manager
 Interviews with Staff
 Interview with Supervisors
 Interview with Residents

The Shelby County Regional Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months. There have been no reports of retaliation during the past 12 months that was made known or suspected.

- (a) Policy clearly dictates retaliation in any form will not be tolerated and will be considered grounds for dismissal. Shift Supervisors will monitor the area daily to see if any retaliation occurs between staff or residents who may have made a report or cooperated with an investigation.
- (b) Monitoring will last at least 90 days but can be longer if required. First line supervisory staff as well as the Manager and Assistant Manager conduct random unannounced rounds which are documented. Protection measures are in place to ensure the safety of residents and staff. Residents can be reassigned to a different living bay or programming schedule to ensure they are not in contact with their alleged abuser or with anyone who is retaliating against them. In the case of staff abusers they will be placed on administrative leave until the investigation is concluded.
- (c) Monitoring will last at a minimum 90 days. This monitoring will include view all disciplinary reports involving the resident, housing changes, and programming changes. All staff performance reviews and assignments will be monitored to insure they are not being retaliated against.

- (d) Periodic status checks will be conducted by the Manager and Assistant Manager on residents who have alleged abuse or who have participated in the investigative process.
- (e) All staff and residents who cooperate in the investigative process are protected and the same monitoring is put in place to ensure they are not retaliated against.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? x Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.368

Written Institutional Plan

Interviews:

Interview PREA Coordinator/Manager

Interview Assistant Manager

Interview Supervisors

Interview line staff

- (a) Residents will be placed in isolation as a last resort when all other less restrictive measures are found to be inadequate. Documentation will be provided to the manager detailing why less restrictive measures were unable to be used. The manager and Assistant manager will monitor residents placed in isolation to ensure they receive the required programming such as recreation, education, and personal hygiene. Isolation will last for the shortest period of time to ensure the safety of all residents and will be reviewed at a minimum of every 30 days. No residents have been placed on isolation due to PREA related issues during the last 12 months.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

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

115.371 (d)

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

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? x Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
x Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? x Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? x Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? x Yes No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
x Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.372
Written Institutional Plan
MOU Shelby County Sheriff's Department

Interviews:

Interview with PREA Coordinator/Manager
Interview with Assistant Manager

- (a) All allegations of sexual abuse and sexual harassment are turned over to the Shelby County Sheriff's Office. The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act contributed to the abuse.
- (b) The Shelby County Sheriff's Department has detectives trained to work with juveniles who have alleged to be the victims of sexual abuse. These officers are assigned to the Shelby County Child Advocacy Center. They will determine the relevance of all allegations.
- (c) Evidentiary standards in their investigations will be set by law enforcement policy at the Shelby County Sheriff's Department. It is facility policy to provide the Shelby County Sheriff's Department with all relevant reports, video evidence and access to the alleged victim, alleged abuser and witnesses.
- (d) Facility policy dictates that the investigation does not terminate due to the recant of the alleged victim.
- (e) The agency does not interfere with the criminal investigation and will not conduct interviews that may be detrimental to the criminal case.
- (f) Facility policy does not base the credibility of a victim on his/her status as a resident or staff member. No resident will be polygraphed to determine truthfulness as an investigative tool.
- (g) The facility conducts an administrative investigation to ensure policy and procedure was followed and that staff actions or failure to act contributed to the abuse. This is documented and maintained by the director.
- (h) All criminal investigations are conducted by the Shelby County Sheriff's Department. They will document their investigation based on their policy and procedure.
- (i) If criminal behavior is found it will be prosecuted. This decision will be made by the Shelby County Sheriff's Department and Shelby County District Attorney's office.
- (j) The facility retains all written reports on the resident abuser and staff member for more than 5 years. Any staff member who engages in sexual abuse will be terminated.
- (k) Departure of the alleged victim or alleged perpetrator will not terminate the investigation.
- (l) Not applicable
- (m) The facility will work with the Shelby Sheriff's Department to remain informed of what is going on in the investigation to the best of their ability.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.372

Written Institutional Plan

MOU Shelby County Sheriff's Department

Interview:

PREA Coordinator/Manager

- (a) All allegations of sexual abuse and sexual harassment are turned over to the Shelby County Sheriff's Office. They will determine the relevance of all allegations. Evidentiary standards in their investigations will be set by law enforcement policy.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) x Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? x Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? x Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? x Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? x Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
x Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
x Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

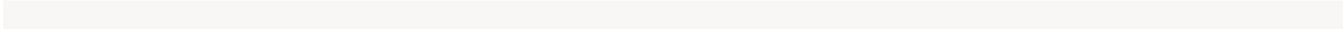
Policy 115.373
Written Institutional Plan
MOU Shelby County Sheriff’s Department
Form “Resident Notification of Findings and Actions PREA”

Interviews:

PREA Coordinator/Manager
Assistant Manager

Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months. Because there have been no allegations or investigations the auditor was unable to review any notification documentation for this standard. The policy of the facility is consistent with the PREA standard and interviews with the PREA Coordinator/Manager and Assistant Manager confirm the practice.

- (a) Policy dictates resident is notified if allegations are found to be substantiated, unsubstantiated, or unfounded.
- (b) This information is requested from the Department of Human Resources and Shelby County Sheriff’s Department
- (c) The resident is informed in writing if the staff member who allegedly abused them is removed from their living unit, charged with the crime, or convicted.
- (d) The resident is notified in writing if a resident they alleged abused them is charged, or convicted.
- (e) This information will be documented on the Resident Notification of Findings and Actions PREA form.



DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.376
Written Institutional Plan
Employee Handbook
Staff Training Curriculum

Interviews:

PREA Coordinator/Manager

Assistant Manager
Interview with Line staff
Interviews with supervisors

The Shelby County Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) There have been no staff disciplined for violations of the facility's sexual abuse or sexual harassment policies in the past 12 months. Staff members are subject to disciplinary action for violating the zero tolerance policy of sexual abuse or sexual harassment up to and including termination.
- (b) The presumptive disciplinary action for staff who sexually abuses a resident is termination.
- (c) There have been no staff reported to law enforcement or the licensing authority for violating agency policies related to PREA.
- (d) Policy dictates that the resignation or termination of a staff member who is accused of violating the agencies zero tolerance policy is reported to law enforcement and DYS.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.378

Written Institutional Plan

Volunteer/Contractor Handbook

Volunteer/Contractor Training Curriculum

Interviews:

PREA Coordinator/Manager

Assistant Manager

Nurse

The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) There have been no volunteer or contract personnel disciplined for violations of the facility's sexual abuse or sexual harassment policies in the past 12 months.
- (b) There have been no volunteer/contractor reported to law enforcement or the licensing authority for violating agency policies related to PREA. The facility's policy requires that volunteer or contract personnel be subject to disciplinary action up to and including dismissal for violations of sexual abuse, sexual harassment, sexual misconduct and retaliation. The presumptive disciplinary action for sexual abuse is dismissal. The policy of the facility meets the requirements of the standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? x Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? x Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? x Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? x Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? x Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? x Yes No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? x Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? x Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? x Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? x Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
Yes No x NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation:

Policy 115.378
Written Institutional Plan
Resident Handbook
Resident Training Curriculum
Staff Training Curriculum

Interviews:

PREA Coordinator/manager
Assistant Manager
Interviews with supervisors
Interviews with staff
Interviews with residents
Interview with Counselor

The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) Policy prohibits any type of sexual activity between residents as well as any form of sexual harassment. Policy dictates that if any law enforcement investigation determines that a resident is guilty of sexual abuse he/she will be disciplined on a case-by-case basis.
- (b) The policy outlines the criteria for disciplinary sanctions based on those listed in the standard. If residents are placed on isolation they will receive large muscle activity, educational services and other required programming.
- (c) A resident's mental disabilities and mental illness diagnosis will be considered in determining disciplinary action.
- (d) Therapy and counseling designed to address the behavior is part of the in-house disciplinary process.
- (e) Residents will only be disciplined for engaging in sexual acts with a staff member if it is found the staff member was not a consensual partner.
- (f) Reports made by residents in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute false reporting or lying even if an investigation does not substantiate the allegation.
- (g) All sexual contact is prohibited at the facility.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
x Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.381
Written Institutional Plan
Intake Training Information
PREA Orientation Training
VSAB Screening Instrument
Resident Files

Interviews

PREA Coordinator/Manager
Assistant Manager
Interview with Nurse
Interview with Counselor
Interview with Supervisors
Interview with Staff
Interviews with Residents

(a)(b)The Shelby County Juvenile Detention Facility policy provides for a resident who indicates they have been a victim of sexual abuse or perpetrator in the past whether it was in a institution or in the community will be provided the opportunity to meet with the facility counselor within 72 hours of admission. The counselor

conducts the VSAB Screening Instrument. Residents are also seen by facility medical staff within 72 hours of being detained.

(c) The information gathered by the mental and health care personnel will be strictly limited to their use or on an as needed basis to maintain security and safe management of programming.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.382
Written Institutional Plan
MOU Shelby County Sheriff's Department
MOU SAFE House
MOU Crisis Center

Interviews:

PREA Coordinator/Manager
Assistant Manager
Interviews with staff
Interviews with Supervisors
Interviews with line staff
Interview with Counselor
Interview with Nurse

The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
- (b) Victims who require emergency medical attention are transported to UAB Children's Hospital to be examined by a SANE nurse and a sexual assault kit obtained. Victims who do not require emergency medical attention are transported to SAFE House and the Crisis Center to have a sexual assault kit obtained. Crisis Intervention Services will be provided by Rape Crisis, Crisis center or SAFE House.
- (c) Victims are provided information on sexually transmitted illness and pregnancy. Victims are treated for STI with a prophylaxis and provided medication to prevent pregnancy.
- (d) These services will be provided at no charge to the victim no matter their level of cooperation with the investigation by law enforcement.

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

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? x Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? x Yes No

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) x Yes No NA

115.383 (f)

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

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? x Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.383
Written Institutional Plan
Resident Training Curriculum
MOU SAFE House
MOU Crisis Center

Interviews:

PREA Coordinator/Manager
Assistant Manager
Counselor
Nurse
Interviews with Staff
Interviews with supervisors

The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

- (a) Agency policy requires that residents who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims requiring emergency treatment are transported to UAB Children's Hospital to be examined by a SANE nurse and a sexual assault kit obtained. Residents who do not require emergency medical treatment are transported to SAFE House and Crisis

Center. Residents will be offered continued medical and mental health care through the SAFE House, Crisis Center, Shelby County Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.

- (b) Follow up and continued care will be provided for all victims of sexual abuse in the facility. Residents will be offered continued medical and mental health care through the SAFE House, Crisis Center, Shelby County Child Advocacy Center, Rape Crisis Center and facility medical and mental health staff.
- (c) The level of care provided to victims is equal to or greater than the level of care in the community.
- (d) Residents receive prophylaxis for STI's and pregnancy prevention for females at no cost.
- (e) Pregnancy test will be available to residents at the facility when deemed appropriate by the nurse as well as treatment for STI's.
- (f) If pregnancy is a result form a sexual assault in the facility female residents will be provided with timely and comprehensive information about access to all lawful pregnancy related medical services. Follow up treatment for all residents is provided by the facility medical staff. Medical and mental health care are consistent with the community level of care.
- (g) Policy dictates that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 72 hours of learning of such an abuse history and offer treatment when deemed appropriate by mental health care providers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:
 Policy 115.386
 Written Institutional Manual

Interviews:
PREA Coordinator/Manager
Assistant Manager
Interviews with Supervisor
Interview with Counselor
Interview with Nurse

The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

(a) Facility policy dictates the Assistant Director chairs the PREA Incident Review Team. A review is conducted after each sexual abuse investigation.

(b) The review will take place within 30 days of the conclusion of the investigation by law enforcement.

(c) The committee consists of the Manager/PREA Coordinator/training director, a shift supervisor, a shift leader, counselor, law enforcement and medical personnel.

(d) They consider if policy, staffing numbers, or video monitoring changes need to occur to prevent future incidents, if the attack was motivated by race, ethnicity, gender identity, LGBTIQ identification, gang affiliation or was motivated by or caused by other group dynamics in the facility.

(e) A comprehensive report will be compiled and submitted to the County Manager with suggested changes. The Manager will implement the suggested changes or document reasons for not doing so.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
x Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No xNA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation:

Policy 115.387
Written Institutional Plan
SSV-JJ Form

Interview:

PREA Coordinator/Manager
Assistant Manager

The Shelby County Juvenile Detention Facility policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The agency PREA Coordinator/Manager prepares the report for the facility and makes it available to the public on the facility website <https://www.shelbyal.com/275/Juvenile-Detention> . Before the information is made public, all identifying information is removed.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? x Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? x Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? x Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse x Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? x Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? x Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation
Policy 115-387
Written Institutional Plan

Interview:
PREA Coordinator/Manager
Assistant Manager

The Shelby County Juvenile Detention Facility policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The agency PREA Coordinator/Manager prepares the report for the facility and makes it available to the public on the facility website <https://www.shelbyal.com/275/Juvenile-Detention>. Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility's sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year's data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse. The Shelby County Regional Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? x Yes No

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation:

Policy 115-389
Written Institutional Plan

Interviews:

PREA Coordinator/Manager
Assistant Manager

The Shelby County Juvenile Detention Facility policy dictates it collects uniform data for every allegation of sexual abuse at the facility and uses a standardized instrument and set of definitions. The information is aggregated annually and a report is prepared using the DOJ form SSV-JJ, Survey of Violence Incident Report. The agency PREA Coordinator/Manager prepares the report for the facility and makes it available on the facility's website

<https://www.shelbyal.com/275/Juvenile-Detention>. Before the information is made public, all identifying information is removed.

The information is used to improve the effectiveness of the facility’s sexual abuse prevention, detection, response policies, practices and training. The annual report includes a comparison of the current year’s data and corrective actions with prior years to provide an assessment of the progress the facility has made in addressing sexual abuse. The Shelby County Juvenile Detention Facility reports there have been no allegations of sexual abuse or sexual harassment against the facility and no grievances or emergency grievances have been filed alleging sexual abuse or sexual harassment in the past 12 months.

This information will be retained for minimum of 10 years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? *(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* x Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the second audit of the Shelby County Regional Juvenile Detention Facility. The auditor was provided with free access to the facility at all times during the on-site visit. The auditor was provided with all requested materials including: employee files, resident files, training files, training curriculum, video access, isolation monitoring logs, behavior reports, VSAB screenings, monthly population reports, daily rosters, MOU's for all agencies, etc. The Auditor was provided with a private area to conduct interviews with randomly selected staff members from all shifts, randomly selected residents from all housing areas, administrative staff, nurse and counselor.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation:

Interviews:

The facility has website which includes the 2016 PREA Audit, redacted data, third party reporting form and investigative process. . <https://www.shelbyal.com/275/Juvenile-Detention>

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Georgeanna Mayo Murphy

July 22, 2019

Auditor Signature

Date

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

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